



# How Did I Get Here?



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## 1. How Did I Get Here? - An Introduction

*"I was sleeping rough for three months. It's very hard; you could die. Especially in the winter the cold ground gets into you. Anything could happen to you. I've seen desperate things on some of those nights."*

– 'Niall'

Homelessness is most often associated with rough sleeping – the most extreme form of homelessness. But the term 'homeless' also applies to people living in temporary shelters or institutions because they are houseless; to people living in insecure housing who may be threatened with severe exclusion due to insecure tenancies, eviction, domestic violence; and to people living in inadequate housing, including overcrowding, with friends, etc<sup>1</sup>.

We are often asked why people become homeless. There is no easy answer. There is rarely just one reason. The reasons are many, complex and inter-related, and can often be traced back to childhood.

The most obvious reason for a person becoming homeless is a housing crisis – the person has no other housing option but to sleep rough, stay in emergency accommodation, find a squat or stay on a temporary basis with friends – quite often a series of friends. But that housing crisis is usually the result of people becoming overwhelmed by a series of personal crises and problems, many of which can be outside of their control. These problems can build up over years until the final crisis moment when a person becomes homeless.

*"I'd left school when I was 16...I never touched alcohol until I was 17. Not a drop. I*

*left home at that stage and went to a home for homeless girls in Cork... I'd had arguments with my dad ... I was in and out of there – going back home each time...When I was 17 I had a nervous breakdown. I was sent to a psychiatric hospital...I'm very close to my brother. We are tight. For a while he went to England and that was tough...My two younger brothers were taken into care. I'll never forget it...My fiancé died in November... the father of my child, going for a house together...He over-dosed on heroin... I never knew he ever took it. It was like being hit by a train. Then I'd a miscarriage...By that stage I'd taken up with another guy and he died also...of an overdose. A few months ago my son was put in my mam's care..."*

– 'Sinead'

At Cork Simon we support people who have eventually been overwhelmed by multiple crises and problems in their lives – people who are often deeply disadvantaged and isolated from a young age. In many cases people have been failed by family, society, the education system, the economy, the health system; they've been unable to cope with bereavement, rejection, relationship breakdown, job loss, poor mental health, and much more. We see people ending up long-term homeless – defined by government as stays of over six months in emergency accommodation<sup>2</sup>, because they cannot access housing that is appropriate to their needs – housing that, with the right supports, will enable them to address all of their needs; they lack the skills to live independently and cannot cope on their own. They simply have no other option.

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<sup>1</sup> ETHOS – European Typology on Homelessness and Housing Exclusion, developed by FEANTSA, the European Federation of National Organisations working with people who are homeless.

<sup>2</sup> Defined in The Way Home: A Strategy to Address Adult Homelessness in Ireland 2008 – 2013 – Department of Environment, Community and Local Government (2008).

In 2012 Cork Simon's emergency shelter accommodated 411 people. It was full every night. 41% (n. 167) were staying at the shelter for the first time. 17% (n. 69) were long-term homeless. We met 161 people sleeping rough on at least one night - a four-fold increase compared to the previous year. Our nightly soup run met over 600 people - more than half of whom were in private rented housing; more than one in four were staying with friends<sup>3</sup>. They had yet to be overwhelmed by what was happening in their lives, but many were most likely on the edge of homelessness. The effects of the recession are now being felt at the frontline of homelessness.

Research<sup>4</sup> suggests that there is a 'lag effect' that typically occurs during a recession; that one of the last changes brought about by a recession is an increase in the number of people becoming homeless. While there are signs that Ireland may be, in a technical sense, emerging from recession<sup>5</sup>, Cork Simon's experience of homelessness during the first six months of this year may indicate that the 'lag effect' is now kicking-in. The effects of the recession can be the final trigger that pushes people into homelessness.

*"The key thing that has me homeless was the loss of my job. That's what I'd say. I had to sell the car to pay the debts like the car loan. I was still living at home with my mam and dad. There was tremendous tension. With the recession it was impossible to get a job. Things went missing at home and I was blamed for them. Then a large sum of money. I was blamed and things were said that were very hard to take back."*

- 'Kevin'

During the first six months of 2013 there were 122 first-time residents at Cork Simon's emergency shelter - a 37% increase compared to the second half of 2012. We met 91 people sleeping rough on at least one night. Our soup run was used by over 500 people - half of whom were in private rented housing; almost a third were staying with friends. Our Outreach Team supported over 60 people staying with friends with a significant increase in numbers during the second quarter of 2013<sup>6</sup>.

The next few years will be a critical time in addressing homelessness in Ireland - particularly given the government's shift towards a 'housing led approach' and its commitment to end long-term homelessness by 2016<sup>7</sup>. Whilst Cork Simon is fully supportive of this policy shift, and we certainly agree that the best outcome for people is secure housing as quickly as possible, we must not lose sight of the issues that people are dealing with; we must remember that housing alone will not solve homelessness; we must remember that homelessness is about people - problems, life experiences and family circumstances - all of which must be addressed alongside the right housing if we are to tackle homelessness effectively, and if the government's targets on homelessness are to be met.

'How Did I Get Here?' highlights many of the disadvantages, problems and crises that people who are homeless have had to face and are currently dealing with. It demonstrates that it can quite often be a long road for people into homelessness peppered by events and circumstances, different personal and social factors, that conspire

<sup>3</sup> Keeping Count 2012: A Profile of Cork Simon Services in 2012 - Cork Simon Community (2013).

<sup>4</sup> Calm Before the Storm: The Recession's Impact on Homelessness - Falvo, Nick (2010).

<sup>5</sup> Irish Independent 20.09.2013 - [www.independent.ie/business/irish/recession-over-irish-economy-returns-to-growth-in-second-quarter-29590455.html](http://www.independent.ie/business/irish/recession-over-irish-economy-returns-to-growth-in-second-quarter-29590455.html)

<sup>6</sup> Keeping Count 2013 - A Profile of Cork Simon Services in Q1 & Q2 2013 (2013).

<sup>7</sup> Government Housing Policy Statement - Department of Environment, Community & Local Government (June 2011).

together to push people over the edge. It demonstrates that homelessness is caused by a complex interplay between a person's individual circumstances and adverse factors outside their direct control. But it also highlights the resilience of people; that with the right housing, help and support, people can and do rebuild their lives.

*"There is no point looking back. It is the future you look to not the past. I have a child now and I need to focus on him. He is my everything."*

– 'Sinead'

*"I reared myself up on the street. It was tough going but you have to have a small bit of*

*toughness in there as well. I wasted 43 years of my life. I don't want to waste anymore of my life. I want to do something with it. Positive things."*

– 'Paula'

*"I just had a little blip in my life. It could happen to anyone."*

– 'Matt'

'How Did I Get Here?' analyses the life histories and experiences of fifty people staying in Cork Simon's emergency shelter over a five-week period in early summer 2013, and combines the findings with in-depth interviews with seven people who had stayed in the shelter during the same period.

## 2. Matt's Story

"I ended up moving in with my grandparents – when I was seven. I don't know why. That's just the way it was. My Mam and my step-dad - I don't see them. I haven't for years. I never knew my Dad".

Matt comes from a town in Co. Cork. He tells the story of his pathway to the Cork Simon Community and how he became homeless.

"When I was 12 or so I started drinking. You wanted to be the same as everyone else. Up around the school there'd be 50 to 100 people – everyone who couldn't get into a pub. You'd do four cans or so. Then eight or twelve (cans). By 15 I was doing straight vodka followed by a sup of Coke and a fag – 'chasing' we called it. Then there was some hash around and I did some party drugs too.

I know I'm an alcoholic. That is my problem. You (other people) can go out and have three or four pints and stop. I can't. I can't stop. Would you piss everything against the wall? Everything, 'til I've nothing left.

After the Junior Cert I left school and it was the time of the boom and my uncle got me a job laying blocks. At 16 I ended up getting a flat with a girl. We were together for 4 or 5 years. When that broke up I moved around. There was building work in Liverpool, so I moved there. It worked out well for a while.

I ended up getting a girl pregnant. The relationship broke down and I returned to Ireland. A child on the way and not able to support it. How would you feel? I felt disappointed in myself. It brings up lots of emotions in me just thinking about it.

I was drinking a lot at this stage. But I knew I had to get help and I came back to Ireland to get treatment and I got into an alcohol treatment centre in Dublin. Then on to a secondary residential treatment centre. I was six months dry when I got news that it was going to be very difficult to get rent allowance in Cork. I blew a fuse and went out drinking. That's when I really became homeless.

Initially I went to another emergency accommodation. There were a few nights sleeping rough here and there. It was not nice but what can you do? It's something you just have to do.

I've been three weeks in the Cork Simon Community. I've stopped drinking for three weeks. They've helped me go to AA meetings – I'll probably go to one tonight.

Simon have been a huge help and they've done the best they could. The biggest help has been my key worker. She is wonderful and has helped me with everything; filling in forms, preparing housing applications, typing letters...everything.

Another huge help has been the activities everyday. Getting you to do things is good. Keeping me occupied. So you don't have to get to think too much.

They've also helped get me onto a FAS course. It starts in three weeks and then in five weeks I want to be out of here.

Where do I hope to be in week's time? I guess still in my room here in the Shelter. In six months time I'll be out and in my apartment. Maybe a two-bed apartment on the southside. With the City Council probably, I don't know.

I just had a little blip in my life. It could happen to anyone".



### 3. How Did I Get Here? - Summary

People become homeless for many different reasons. For many, homelessness is the result of a brief crisis in their lives. With the right supports they can be assisted out of homelessness quickly, rapidly accessing alternative housing. For some, however, homelessness is the result of a culmination of multiple crises over a long period. People become overwhelmed by a series of personal crises and problems, many of which can be outside of their control. They build up over time – sometimes years, until that final crisis moment that triggers homelessness.

Their pathway into homelessness can be long, complex and difficult, and cannot be addressed by housing alone. Such people may find themselves homeless over the long-term, or suffer repeat experiences of homelessness over several years. *'How Did I Get Here?'* highlights the combination of the most common factors that bring people to the point of homelessness in Cork Simon's emergency shelter:

- 92% (n. 46) were unemployed;
- 80% (n. 40) had experience of the criminal justice system;
- 78% (n. 39) were early school leavers;
- 76% (n. 38) were unskilled;
- 76% (n. 38) were using alcohol and / or drugs to the extent that it was causing problems in their lives;
- 68% (n. 34) had a diagnosed mental health condition;
- 60% (n. 30) had a diagnosed mental health condition and were using alcohol and / or drugs problematically;
- 56% (n. 28) had spent some time previously in a care institution;
- 46% (n. 23) require medium or high levels of support with living skills;
- 44% (n. 22) had a diagnosed physical health condition;

- 36% (n. 18) had a literacy problem;
- 30% (n. 15) had spent time previously in psychiatric care;
- 20% (n. 10) were in debt;
- 14% (n. 7) had no income;
- 12% (n. 6) had a learning difficulty;
- 10% (n. 5) had a current or past gambling problem.

*'How Did I Get Here?'* highlights the deep social exclusion and disadvantage that people experience on their journey into homelessness, and the many challenges that they must overcome in their journey out. Many of the issues highlighted here are often referred to as complex needs – the combination of problems, barriers and exclusions that people have to deal with and overcome.

The findings are based on people staying in Cork Simon's emergency shelter over a period of five weeks in early summer 2013<sup>8</sup>. A comprehensive assessment of people's history and needs is completed for each person staying in the shelter for longer than a week. Referred to as the Common Assessment, it covers each person's housing needs; education, employment and care history; health and well being; drug and alcohol use; income; and experience of the criminal justice system. An assessment of independent living skills is also included for each person. The findings are based on an analysis of the completed Common Assessment of fifty people staying at the emergency shelter during the five-week period, combined with in-depth interviews conducted with seven residents at the shelter.

It is clear from this analysis that for many people in the emergency shelter their journey into homelessness started at a young age.

<sup>8</sup> 24 June to 28 July 2013 inclusive.

Early school leaving, literacy problems, learning difficulties and a history of institutional care all feature prominently.

Leaving school before reaching the age of 16 was common. Rates of literacy problems and learning difficulties were among the highest among this group, as were rates of poor mental health, suggesting educational disadvantage from a young age. *"I never liked school", 'Kevin' says in his interview; "I did not take authority well. By the time I was 16 I was told that I had to leave the school – or I would be expelled."*

Over half of those included in this analysis had previously spent time in a care institution – the most common being residential care, psychiatric care and foster care. Experience of institutional care is a risk factor for homelessness. 'Paula' describes how being institutionalised affects her: *"I wouldn't know what it is like to live independently on my own, I dunno what it's like to live out in the real world."*

Not surprisingly, given the high rates of early school leaving, the majority of people included in the analysis were unskilled. This is an obvious disadvantage in the current labour market with knock-on effects of social exclusion and participation in the civil society and social arenas. As 'Rolf' puts it, *"What makes it difficult to get out of here (the shelter) is my lack of training."*

All of the people included in the analysis were unemployed – the majority were long-term unemployed. People unemployed for prolonged periods of time report elevated levels of distress and depression, and have lower levels of confidence than people who are employed. 'Rolf' describes how losing his job combined with his relationship with his partner breaking down impacted on his health: *"I get this nervous panic with this pain in my chest. I don't feel well – always tired*

*and sleeping. It feels strange. This massive pain."*

The links between poor mental health and homelessness are well documented. People who are homeless have a higher prevalence of mental illness when compared to the general population. Over two thirds of people included in this analysis had a mental health condition – depression, anxiety, paranoia and schizophrenia were the most common conditions. Almost half of those with a mental health condition had previously been admitted to psychiatric care – half of whom had been admitted involuntarily. Self harming and the risk of suicide were the most common reasons for admission to psychiatric care. 'Sinead' describes her experience: *"When I was 17 I had a nervous breakdown. I was sent to a psychiatric hospital for four months. Dad came into my room and found me hanging. I dunno why – my mind just went blank. Before that I hurt myself, I'd slit my wrists a good few times. The depression just comes and goes. One week I might be good, the next I'd be crying and going mental – drinking and fighting and causing trouble. You'd be just out of it."*

There is evidence internationally that indicates increased involvement of police forces in the lives of people with mental illness, largely due to shifts in policy such as deinstitutionalisation and consequent changes in treatment such as community care. The majority of people included in this study had previous experience of the criminal justice system with custodial sentences ranging from four days to seven years, three quarters of which had a mental health condition. People experiencing homelessness are found to be arrested more often, incarcerated longer, and re-arrested at higher rates than people with stable housing. Upon release many ex-offenders face barriers to obtaining housing; income and employment due to their criminal background. *"There is a stigma",* says 'Stephen', an ex-offender. *"If you were a*

*landlord and I were to come along with my Criminal Justice Act ID and all the rest of it, and then there is someone there who was working, you're more than likely going to rent to them."*

Most prisoners have a history of social exclusion, including high levels of family, educational and health disadvantage, and poor prospects in the labour market. A study of prisoners at Mountjoy Prison found that 80% had left school before reaching the age of 16, and there were high levels of exposure to adversity, including unemployment and high levels of heroin use.

*'Piotr' was incarcerated twice: "I was sentenced to five months the first time and I served three months of that because I was released early. I was straight back in again though, for another three months. I thought heroin was going to be my life. Some days I didn't want to wake up."*

Experience of homelessness can lead people to engage in substance misuse, whilst substance misuse is a predominant cause of homelessness. The majority of people included in this analysis were currently using alcohol or drugs in a way that was causing problems in their lives. Drug users are seven times more likely to be homeless than the general population, and research suggests that two thirds of individuals report increasing problems with substance misuse after becoming homeless. 'Siobhan' recalls her first time taking drugs as a teenager, and how her addiction has carried on through her life: *"I remember the first time I took drugs. I was sent to collect a prescription for my uncle. They were a bunch of anti-depressants. I sneaked a couple and took them with a mate. I am a recovering addict. This disease carries on through your life. I'm always going to be in addiction. Alcohol, tablets and opiates. It's very easy to slip back in – once an addict always an addict."*

While substance misuse is a significant issue among people who are homeless, the incidence of mental distress among that group is also high. The majority of people included in this analysis who use alcohol / drugs problematically also had a mental health condition.

Poor mental health is not the only health issue affecting people who are homeless. Many have the same physical health problems as people with homes, but at rates three to six times greater than housed people. Almost half of the people included in this analysis had a physical health condition. The most common conditions were muscle / bone / joint pain, respiratory problems, epilepsy / seizures and heart complaints. These higher rates of poor health can be linked to existing support needs, such as those relating to substance misuse, poor living conditions, poor nutrition or diet, and a lack of awareness about their health.

The interplay between the various risk factors is striking. One factor can lead to another, or influence another, or start a chain of events that overwhelm people to the point of homelessness. This analysis of people's Common Assessments highlighted five key triggers that eventually pushed people over the edge:

- 68% (n. 34) Housing Crisis;
- 64% (n. 32) Relationship breakdown;
- 64% (n. 32) Substance Misuse;
- 36% (n. 18) Financial Circumstances;
- 24% (n. 12) Poor Mental Health.

None of the five triggers were causes of homelessness on their own – a combination of many of the factors outlined played a part: early school leaving, long-term unemployment, poor mental health, substance misuse, incarceration, history of care, poor literacy, learning difficulties,

relationship breakdown and financial difficulties.

It is clear that many related issues have to be addressed in tandem with appropriate housing if we are to tackle homelessness effectively – and particularly if we are to end long-term homelessness by 2016 – as per government policy.

The Common Assessment includes an assessment of people's Independent Living Skills, covering nineteen areas under the broad headings of: Managing Money, Hygiene, Nutrition, Dealing with Tenancies, Managing Health, Focus, Personal Motivation, and Coping Skills.

The most common categories of independent living skills that people require support with are:

- **66% (n. 33) Coping Skills** – Dealing with Isolation / Loneliness and Dealing with Difficult / Stressful Situations;
- **62% (n. 31) Personal Motivation** - Finding Out About and Using Local Services, Filling Your Day, and Commitments: Seeing Things Through to the End;
- **56% (n. 28) Focus** - Attending a Course or Job 9-5 Monday-Friday, and Making and Remembering Appointments;
- **46% (n. 23) Dealing with Tenancies** - Understanding Tenants Rights and Obligations, Dealing with Landlord or Housing Authorities, and Dealing with Basic Maintenance – e.g. Changing Light Bulbs, Fuses, etc.; and
- **44% (n. 22) Managing Money** - Living within a Budget, Paying Rent and Bills.

The final analysis of Independent Living Skills found that almost half of people require medium to high levels of support with basic living skills. One in four require high levels of support – ten or more independent living skills; one fifth require medium levels of support – five to nine living skills; while over one third require low levels of support – up to four living skills. There is a correlation between the length of time homeless and the levels of support required – for example, those that stayed in the emergency shelter for long periods of time generally require the highest levels of support. There is, however, a group of people long-term in the emergency shelter that require low-support. This group have much lower rates of poor mental health, problematic alcohol or drug use, and early school leaving compared to other long-term residents. They do not have any income, and it is likely that they are not entitled to social welfare supports.

## 4. Paula's Story

"I've been rearing myself on the street for a very long time. I've had a very hard life. It hasn't been easy at all. But I got through it".

Paula comes from a town in Co. Kerry. She tells the story of her pathway to the Cork Simon Community and how she became homeless.

"I left home when I was 16. I've a beautiful mother and grandmother. But my father was a violent alcoholic. To this day I don't speak to that man. I had to get away and do my own thing. So I've been on the street and in hostels ever since (over 25 years).

I went to a house for homeless girls. I was there a long, long time. I've been institutionalised all my life. I wouldn't know what it is like to live independently on my own. I dunno what it's like to live out in the real world.

I've been a psychiatric patient for 15 years. I had a nervous breakdown in my twenties. I was kept in a psychiatric hospital for two years without getting out. I got ten electro-shock treatments to my brain to bring me back. All over a man. My husband did that to me. I stuck by him for 18 years. He put me through torture. He put me through hell and back.

I couldn't see the light at all, thought I'd never see the end of the tunnel. But I did though - I got through it.

I'd a hard old life. I've been through the wars and back. I'm after doing so many things to my body I dunno how I'm here - but I'm here.

I've been off drink for one month now and I feel the benefit. Drink is the downfall of my life. Drink and me don't suit at all. It's 'cos I'm on medication every day. With the influence of the vodka I can go off the handle. When you're like that they won't let you into the Shelter. That is the reason I sometimes still sleep out (of the Shelter).

I've lived in squats. You just find a place - you know where they are. Anywhere to have a roof and be out of the cold - out of the winter. Waking up at 5 in the morning in a squat. Just trying to look after yourself. I've slept on the streets hail, rain or snow and I've survived it.

It is horrible though just me there on my own. You feel so lonesome. Tears come to my eyes sometimes. It's not nice being homeless.

Since I lived in a residential centre for girls for a long time I really only became homeless when it closed. That led me into my first contact with Cork Simon about 14 years ago or so.

I've been coming here (Cork Simon Community) since my twenties. I've no choice only to be here; if I didn't have this place where would I go? I'd be out on the street.

You have to make your room in here as homely as possible. I like picking up bits and pieces for my room every week. It is my home and it is where I sleep and I try to keep it clean and comfortable. I'm nearly a part of the furniture around here (the Shelter).

Simon comes to me and asks do I want to do things. I get involved in every activity here at Simon. I need to keep busy. I never say no. I get involved in everything and I enjoy it."

I've done computer exams and First Aid exams. I love the singing and the drama. I did the cooking course too – that was very good.

I was never taught to read or write. But now I've done all these exams. I'm after achieving so many exams in here over the last two or three years. They (the certificates) are all over my room inside.

I'm the sort of person that needs to be kept busy. So every day I have that job in the kitchen from 4-5pm. It keeps the mind going. So you are not doing self-harm.

I've been doing self-harm - I cut myself. It's not an addiction but I just cannot stop. I've cut myself an awful lot.

Once it comes into my head I have to take it out. I have to, have to, have to hurt myself. I do it with a blade. I feel a relief when I'm doing it. I don't feel the pain when I'm doing it.

I've done a lot worse to my body. I've thrown myself into rivers. I've a skin graft on my stomach for burning myself. I've done so many things to my body I nearly dunno how I'm sitting here. (When I do it) it's a relief – all the tension is gone in my head.

I don't feel no pain afterwards. It might hurt or sting but it is OK for me to do it. I think it is alright to punish myself; that is the problem.

I'm getting help for all that. As we speak I'm a psychiatric patient. I have counselors and psychiatrists (helping me). I don't feel ready to live on my own because of being over-institutionalised by people. I don't know what it is like to live in the real world - no, not now.

My own daughter lives with my mother. She's a beautiful child. Every Wednesday we meet and do girly things. We go for a coffee or a McDonald's. We go to the shops. Outside of being mother and daughter we're like two best friends.

She is a good girl, a very good girl. She has grown up to be a beautiful looking woman. She is lovely, stunning and gifted.

She will be 18 soon and we are going to live together then. Next year. I'd love to see her come back to me and the two of us live together in one place. There is always a 'but' in that – for what reasons I don't know. That is my aim. I would love to have a corporation house just me and my daughter together. I think I deserve it. I really think I deserve my own keys to my own home.

I reared myself up on the street. It was tough going but you have to have small bit of toughness in there as well. I wasted 43 years of my life. I don't want to waste anymore of my life. I want to do something with it. Positive things".

## 5. How Did I Get Here? - Analysing People's Histories

The goal at Cork Simon's emergency shelter is to complete a comprehensive assessment of each person's needs once they've stayed at the shelter for longer than seven days. Referred to as the Common Assessment - the format of which is agreed with Cork City Council, HSE and other homeless service providers in the Southwest, it covers eleven key areas:

- Personal Details;
- Housing Information, including History of Accommodation;
- Education History;
- Work / Training History;
- Care History;
- Health and Well Being, including Mental Health;
- Drug Use and Alcohol Use History;
- Income and Financial Assessment;
- Legal Issues, including experience of the criminal justice system; and
- An assessment of Independent Living Skills.

*"Simon have been a huge help and they've done the best they could. The biggest help has been my key worker. She is wonderful and has helped me with everything; filling in forms, preparing housing applications, typing letters... everything. Another huge help has been the activities everyday. Getting you to do things is good. Keeping me occupied. So you don't have to get to think too much."*

– 'Matt'

While limited in scope, the findings offer an insight into the most common triggers of homelessness among Cork Simon residents.

It offers an insight into people's pathways into homelessness, the key issues, problems and crises that people are dealing with and that need to be addressed, in tandem with the provision of appropriate housing, if the government's targets on tackling homelessness are to be met.

Once completed the Common Assessment forms the basis of a Care Plan, agreed with each person and tailored to each person's needs – a de facto pathway out of homelessness. The care plan is reviewed regularly and updated when required.

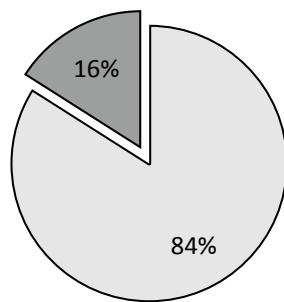
The Common Assessments for fifty people staying in the shelter during the five-week period were analysed for the purpose of this paper. In-depth interviews were conducted with seven residents with a view to adding context to the analysis.

## 6. How Did I Get Here? - The People

Between 24 June and 28 July 2013 inclusive a total of fifty people staying at Cork Simon's emergency shelter had a completed Common Assessment. Collectively the fifty people spent 14,950 days in Cork Simon's emergency shelter over the previous four years – equivalent to almost 41 years. Stays in other emergency hostels or equivalent are not included.

People's gender, age and nationality were broadly in line with the profile of shelter residents over the course of a full year<sup>9</sup>.

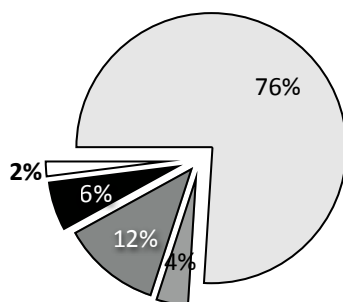
○ Men      ● Women



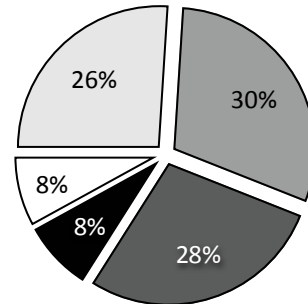
84% (n. 42) were men; 16% (n. 8) were women.

76% (n. 38) were Irish nationals; 22% (n. 11) were nationals of other EU countries; 2% (n. 1) were non-EU nationals.

○ Ireland      ● UK      ● Poland  
● Other EU      ○ Non EU/EEA



○ 18-26 yrs      ● 27-34 yrs      ● 35-44 yrs  
● 45-54 yrs      ○ 55+ yrs



26% (n. 13) were 18-26 year olds; 30% (n. 15) were 27-34 year olds; 28% (n. 14) were 35-44 year olds; 16% (n. 8) were 45 years or older.

A further twenty people staying in the emergency shelter during the five week period stayed for less than seven days. They were short-term homeless – people who may have experienced one or more episodes of requiring emergency accommodation for very short periods of time.

Collectively the twenty people spent 57 days in the shelter over the previous four years – an average of almost three days per person. They never had a comprehensive assessment completed because each stay was too short. Because of the limited information available about their particular circumstances, we explore their needs in chapter 14 on page 45 - A Word About Short-Term Homelessness.

<sup>9</sup> Cork Simon's Keeping Count 2012 report found that 82% of Cork Simon's shelter residents were men, 23% were 18-26 year olds, 26% were 27-34 year olds, and 22% were 35-44 year olds. 69% were Irish nationals.



## 7. Niall's Story

"I've been drinking since I was 13. You don't want to be the black sheep. Everyone is doing it so you would too - because everyone just wants to fit in".

Niall comes from Mahon in Cork city. He's a good looking boy. He has a sparkle in his eye and is naturally nice company. We chat and he tells the story of his pathway to the Cork Simon Community and how he became homeless.

"You'd do it (drinking) in a field or in the park. Where-ever your mates were. Everyone was drinking from a young age.

By the time I was 15 it had come to a head and I went to an alcohol treatment centre and I did three months (of rehab). I was back home after that but I left school before the Junior Cert.

When I was 17 I was back to the treatment centre for two months and then on to a follow on residential treatment centre. It is the next stage of rehab. I was doing well.

After about three weeks I heard that my mother had died. Out of the blue like. It was so difficult. I just felt pure lost. I didn't know what to do. I still go down to the graveyard now and then. I stayed on in the rehab centre for the full four months. I said I'd do it for her.

After that I was sent to a probation hostel. I'd been up in court for something that had happened a couple of years previously. Just messing, nothing serious. Being drunk. The hostel was organised by my Probation Officer. Since it was outside Cork I'd be away from 'the influences'. She organised a job as well for five or six months. I was in the creamery where I would put the milk in the vans. It was shift work and you'd be coming home at 4 or 5am.

I was dry for about ten months or more at that stage. It was decided that I could come back to Cork. I was in supported accommodation. I was paying rent of €30 per week. After about four weeks something happened. I cannot even remember. I went out for a drink. It got messy and I got thrown out. That is when I really became homeless.

I was sleeping rough for three months. It's very hard, you could die. Especially in winter the cold ground gets into you. Anything could happen to you. I've seen desperate things on some of those nights.

I went to the Simon and I got in. The staff were very good. My key worker was brilliant. She's organised a lot of things for me. Our main objective is to get me a job. That would keep me occupied.

My Nan is down in Cobh so I'd go down there. It's good down there. I'd stay there sometimes but then there is arguments with my Dad when he is there too. We're still friends afterwards but we just can't be in the same place.

I don't really drink that much now. Drink is not the problem now. I need to get training and a job.

I hope I have a place of my own in six months time. I should, hopefully anyway.

I've been here, there and everywhere moving around. Floating in and out of Nan's, the Shelter and sleeping rough. I should get a place. My own place. I want it outside the city. Here (in the city) everyone knows your business. They're knocking at your door. Temptation abounds. I need somewhere outside (the city) that is quiet.

For me it all depends on the company you keep. I need to be away from these influences. I guess I still just want to fit-in".

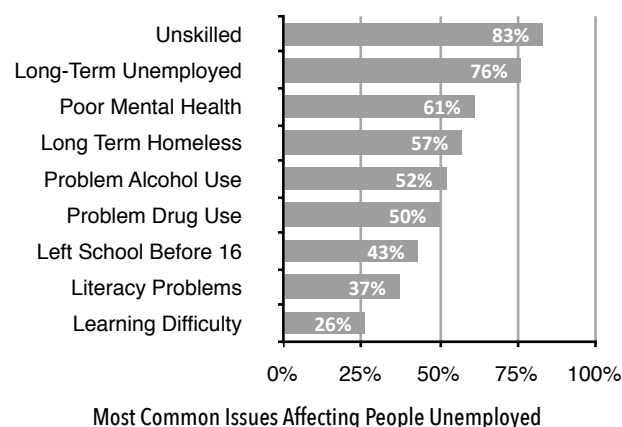
## 8. How Did I Get Here? - The Common Factors Identified

The analysis of the fifty Common Assessments highlighted the most common issues that were affecting people staying in Cork Simon's emergency shelter. There was never just one issue, there were always a series of issues at play, often inter-connected – an insight into the complex nature of the problems people are trying to address as a result of various crises in their lives:

- 92% (n. 46) were unemployed;
- 80% (n. 40) had experience of the criminal justice system ;
- 78% (n. 39) were early school leavers;
- 76% (n. 38) were unskilled;
- 76% (n. 38) were using alcohol and / or drugs to the extent that it was causing problems in their lives;
- 68% (n. 34) had a diagnosed mental health condition;
- 60% (n. 30) had a diagnosed mental health condition and were using alcohol and / or drugs problematically;
- 56% (n. 28) had spent some time previously in a care institution;
- 46% (n. 23) require medium or high levels of support with living skills;
- 44% (n. 22) had a diagnosed physical health condition;
- 36% (n. 18) had a literacy problem;
- 30% (n. 15) had spent time previously in psychiatric care;
- 20% (n. 10) were in debt;
- 14% (n. 7) had no income;
- 12% (n. 6) had a learning difficulty;
- 10% (n. 5) had a current or past gambling problem.

### 8.1 92% (n. 46) were Unemployed

Not surprisingly 92% (n. 46)<sup>10</sup> were unemployed. However, 85% (n. 39) of those were long-term unemployed – out of work for over a year. Of those long-term unemployed, 79% (n. 31) were in the emergency shelter for longer than three months.



There is ample evidence that unemployment is associated with decreases in psychological well-being<sup>11</sup>. People who are unemployed report elevated levels of psychological distress<sup>12</sup> and depression<sup>13</sup> and present with lower levels of confidence<sup>14</sup> than people who are employed. There is evidence from longitudinal studies that it is the experience of unemployment that causes the deterioration in well-being, rather than it being people in employment and with poorer mental health disproportionately moving into unemployment<sup>15</sup>.

Four out of five people long-term unemployed had a diagnosed mental health condition. A third said their health issues "make it difficult to do things".

<sup>10</sup> In 8% (n. 4) of cases there was no data on employment status.

<sup>11</sup> Unemployment: its psychological costs – Winefield, A.H. (1995).

<sup>12</sup> The experience of unemployment – Henwood, F., & Miles, I. (1987).

<sup>13</sup> The psychological impact of unemployment – Feather, N.T. (1990).

<sup>14</sup> Individuals without jobs: An empirical study of job-seeking behaviour and reemployment – Wanberg, C. R. Watt, J. D. & Rumsey, D. J. (1996).

<sup>15</sup> Employment status and psychological wellbeing: A longitudinal study – Winefield, A. H., & Tiggemann, M. (1990).

*"I lost my job. I had been working in construction but that stopped. Then the relationship was turning – though that had been happening for a while. My health has suffered. Too much thinking is not good for me. I get this nervous panic with this pain in my chest. I don't feel well – always tired and sleeping. It feels strange. This massive pain."*

– 'Rolf'

The majority of people long-term unemployed were unskilled, almost a half had left school before they were 16 years old, over one third had literacy problems and a quarter had a learning difficulty.

## 8.2 80% (n. 40) Had Experience of the Criminal Justice System

Four out of five people had experience of the criminal justice system, 93% (n. 37) of which had served a custodial sentence ranging from three days to seven years. The remaining 7% (n. 3) had suspended custodial sentences.

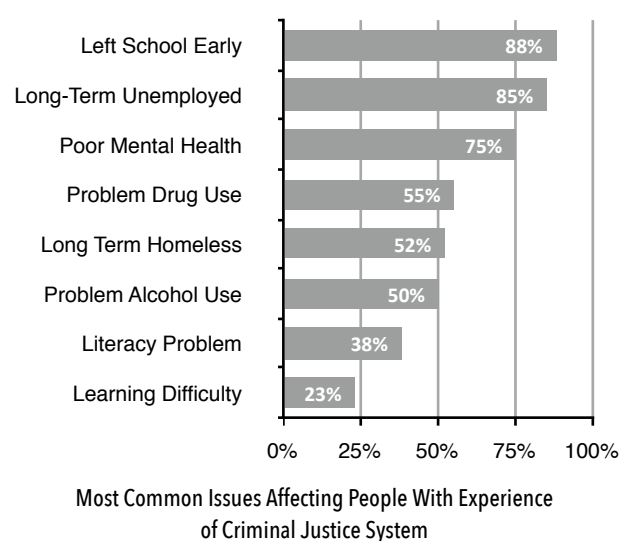
Homelessness contributes to the risk for incarceration, and incarceration contributes to higher risks of homelessness<sup>16</sup>. People experiencing homeless are found to be arrested more often, incarcerated longer, and re-arrested at higher rates than people with stable housing. Upon release many ex-

offenders struggle with basic life necessities, facing barriers to obtain housing, income and employment due to their criminal background<sup>17</sup>.

*"There is a stigma. If you were a landlord and I were to come along with my Criminal Justice Act ID and all the rest of it, and then there is someone there who was working, you're more than likely going to rent to them."*

– 'Stephen'

Three quarters of people with experience of the criminal justice system had a mental health condition. There is evidence internationally that indicates increased involvement of police forces in the lives of people with mental illnesses. This is largely due to policy changes such as deinstitutionalisation<sup>18</sup>.



There was much evidence of social exclusion / disadvantage among people who had experience of the criminal justice system - 88% (n. 35) left school early. 85% (n. 34) were long-term unemployed. 55% (n. 22) were currently using drugs problematically. 50% (n. 21) were currently using alcohol problematically. 52% (n. 21) were long-term homeless. 38%

<sup>16</sup> Incarceration and Homelessness: Toward Understanding Homelessness – Metraux S, Caterina R, Cho R. (2008).

<sup>17</sup> Recommendations to the U.S. Administration and Congress – Smart on Crime Coalition (2011).

<sup>18</sup> Commentary: A Multi-disciplinary Approach to Developing Mental Health Training for Law Enforcement – Karem (2005)

(n. 15) had literacy problems. 23% (n. 9) had a learning difficulty.

It is widely known that most prisoners have a history of social exclusion, including high levels of family, educational and health disadvantage, and poor prospects in the labour market<sup>19</sup>. In one study<sup>20</sup> it was found that almost 80% of those in Mountjoy Prison had left school before the age of 16 and overall there were high levels of exposure to adversity including low parental employment and personal employment, and high levels of personal heroin use.

There are a number of risk factors which have been identified as increasing the likelihood of children and young people engaging in crime in later life. These include community disorganisation, socio-economic deprivation, family problems, academic and school issues and personal factors<sup>21</sup>.

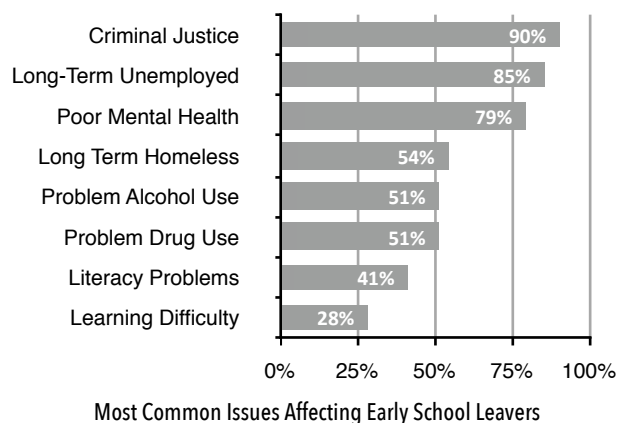
*"I was sentenced five months the first time and I served three months of that because I was released early. I was straight back in again though, for another three months. I thought heroin was going to be my life. Some days I did not want to wake up. I want a life now like I had before I was on drugs. I had everything before – I had a family, I had a home, I had a job. But since, I have had loads of bad years."*

– 'Piotr'

### 8.3 78% (n. 39) Were Early School Leavers

Three quarters of people were early school leavers. A small minority of people went on to complete the leaving certificate or to complete a diploma / degree.

Almost half of early school leavers left school before they reached the age of 16, while just over half left school on completion of their Junior Certificate (or equivalent).



Educational disadvantage is a common factor among the residents of the emergency shelter. The Education Act 1988 defines educational disadvantage as "...the impediments to education arising from social or economic disadvantage which prevent students from deriving appropriate benefit from education in schools...".

Educational disadvantage is demonstrated in many ways, most often in poor levels of participation and achievement in the formal education system.

There are other ways that young people can be disadvantaged in the education system, for example as a result of a disability, literacy difficulties, ill health, etc. Four out of five early school leavers in the emergency

<sup>19</sup> Shifting Focus: From Criminal Justice to Social Justice – IPRT, Barnardos and Irish Association of Young People in Care (2010).

<sup>20</sup> 'Punishing Poverty and Personal Adversity – O'Mahony, P (1998).

<sup>21</sup> National Crime Council Tackling the Underlying Causes of Crime: A Partnership Approach. A Consultation Paper (2002).

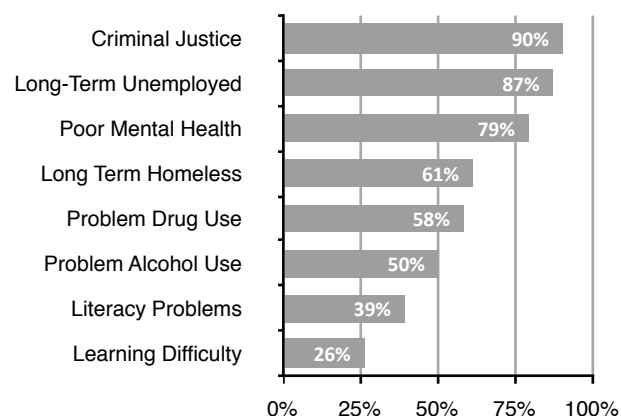
shelter had a mental health condition, 41% had literacy problems, and 28% had a learning difficulty.

*"I never liked school. I didn't go half the time. I'd go to school but never get there. I'd go and pal around with older people in the estate near the school. I just kept writing my own excuse letters and it pretty much worked all the time. I did not take authority well. By the time I was 16 I was told that I had to leave the school – or I would be expelled."*

- Kevin

90% of early school leavers had experience of the criminal justice system. 54% were long-term homeless.

Homelessness is increasingly being viewed as a component, expression or manifestation of social exclusion<sup>23</sup>. Social exclusion, broadly defined, implies exclusion from formal citizenship rights, the labour market, educational opportunities and participation in civil society and social arenas<sup>24</sup>.



Most Common Issues Affecting People Unskilled

90% of those classed as unskilled had experience of the criminal justice system, 87% were long-term unemployed, 61% were long-term homeless, 39% had literacy problems and 26% had a learning difficulty – all indicators of social disadvantage.

## 8.4 76% (n. 38) Were Unskilled <sup>22</sup>

Three quarters of people were unskilled – the lowest point in the Social Class Scale. Over 90% were at the lower end of the Social Class Scale – Unskilled, Semi-Skilled or Skilled-Manual.

*"What makes it difficult to get out of here (the Shelter) is my lack of training. The best training would be to get a driving licence and a Safe Pass for manual handling."*

- 'Rolf'

<sup>22</sup> Social Class ranks occupations by the level of skill required on a social class scale ranging from 1 (highest) to 6 (lowest). This scale combines occupations into six groups by occupation and employment status. – CSO [www.cso.ie](http://www.cso.ie)

<sup>23</sup> Single Homelessness as Social Exclusion: The Unique and the Extreme – Pleace, N (1998); Women and Homelessness in Europe: Pathways, Services and Experiences – Edgar, B. and Doherty, J. (2001); Begging, Rough Sleeping and Social Exclusion: Implications for Social Policy – Kennedy, C. and Fitzpatrick, S. (2001).

<sup>24</sup> Homelessness and Social Exclusion in Croatia – Lynette Šikić Mićanović (2010).

## 8.5 76% (n. 38) Used Alcohol or Drugs Problematically

In recent years there has been growing concern about the inter-relationship between homelessness and substance misuse. It is widely acknowledged that a person's homelessness can lead them to engage in substance misuse, whilst substance misuse is a predominant cause of homelessness<sup>25</sup>.

Three quarters of people included in this analysis were currently using alcohol and / or drugs problematically<sup>26</sup>.

*"We would easily find heroin. People would just walk up to you on the street and ask you if you wanted heroin. I overdosed twice. I thought heroin was going to be my life. Some days I did not want to wake up, I didn't want to live."*

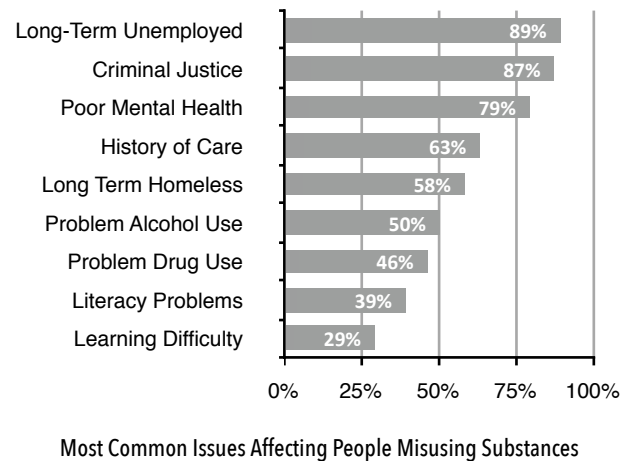
– 'Piotr'

Drug users are seven times more likely to be homeless than the general population, and research suggests that two thirds of individuals report increasing problems with substance misuse after becoming homeless<sup>27</sup>.

*"I remember the first time I took drugs. I was sent to collect a prescription for my uncle. They were a bunch of anti-depressants. I sneaked a couple and took them with a mate. I am a recovering addict. This disease carries on through your life. I'm always going to be in addiction. Alcohol, tablets and opiates. It's very easy to slip back in – once an addict always an addict."*

– 'Siobhan'

A research report<sup>28</sup> in Northern Ireland found that substance misuse is a significant issue among people who are homeless in terms of both prevalence of use and dependency. Risk behaviours were associated with substance use and the incidence of mental ill-health among the population was high.



Four out of five people included in this analysis who were using alcohol and / or drugs problematically also had a mental health condition. Over three in five had spent time previously in a care institution. Two out of five people had a literacy problem; almost a third had a learning difficulty.

*"I've been drinking since I was 13. You don't want to be the black sheep. Everyone is doing it so you would too - because everyone just wants to fit in. By the time I was 15 it had come to a head and I went to an alcohol treatment centre and I did three months (of rehab). I was back home after that but I left school before the Junior Cert."*

– 'Niall'

<sup>25</sup> Dublin Region Homeless Executive – [www.homelessdublin.ie](http://www.homelessdublin.ie)

<sup>26</sup> "...in a way that was causing problems in their lives..." – HSE / Cork City Council Common Assessment Form

<sup>27</sup> Homeless Link UK – [www.homelesslink.org.uk](http://www.homelesslink.org.uk)

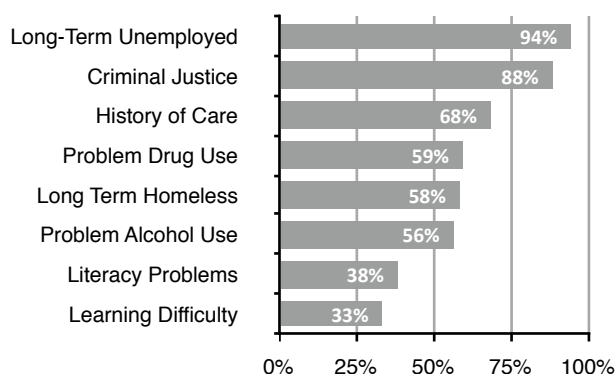
<sup>28</sup> Research into Homelessness & Substance Misuse – Drug and Alcohol Information and Research Unit, Department of Health, Social Services and Public Safety – Northern Ireland (2004).

58% of people using alcohol and / or drugs problematically were long-term homeless, rising to 68% for people using alcohol only. These figures mirror those in the UK. In a 2011 report<sup>29</sup> it is estimated that more than 50% of people using day centres and hostels in the UK had a drug or alcohol problem.

## 8.6 68% (n. 34) Had Poor Mental Health

The link between poor mental health and homelessness is well documented. People who are homeless have a higher prevalence of mental illness when compared to the general population<sup>30</sup>.

Over two thirds of people included in this analysis had a mental health condition – the most common mental health condition was depression. Just over half of those with a mental health condition suffered from anxiety, while one in ten suffered from paranoia. Cases of Schizophrenia, Bi-Polar, Personality Disorder and Psychosis were also present.



Most Common Issues Affecting People with Poor Mental Health

A 2012 report in the UK<sup>31</sup> found that a significant majority of hostels estimate that mental health issues are experienced by more than half of their residents.

More than four out of five people with a mental health condition had experience of the criminal justice system. Studies in the U.S. have found that there is a correlation between homelessness and incarceration. Those with mental illness or substance misuse problems were found to be incarcerated at a higher frequency than the general population<sup>32</sup>.

Over two thirds of people with a mental health condition had spent some time previously in a care institution.

*"I've been a psychiatric patient for 15 years. I had a nervous breakdown in my twenties. I was kept in a psychiatric hospital for two years without getting out. I got ten electro-shock treatments to my brain to bring me back. All over a man. My husband did that to me. I stuck by him for 18 years. He put me through torture. He put me through hell and back. I couldn't see the light at all, thought I'd never see the end of the tunnel. But I did though - I got through it."*

- 'Paula'

44% of people with a mental health condition had previously been admitted to psychiatric care, half of whom had been admitted involuntarily. A third had been admitted because of self-harming or risk of suicide.

<sup>29</sup> SNAPshot: Survey of Needs and Provision 2011 – Homeless Link UK Policy Team (2011).

<sup>30</sup> The Prevalence of Mental Disorders among the Homeless in Western Countries – Fazel, S; Khosla, V; Doll, H; Geddes, J (2008).

<sup>31</sup> SNAPshot: Survey of Needs and Provision 2012 – Homeless Link UK Policy Team (2012).

<sup>32</sup> Incarceration, Homelessness, and Mental Health: a National Study – Greenberg, GA; Rosenheck, RA (2008).

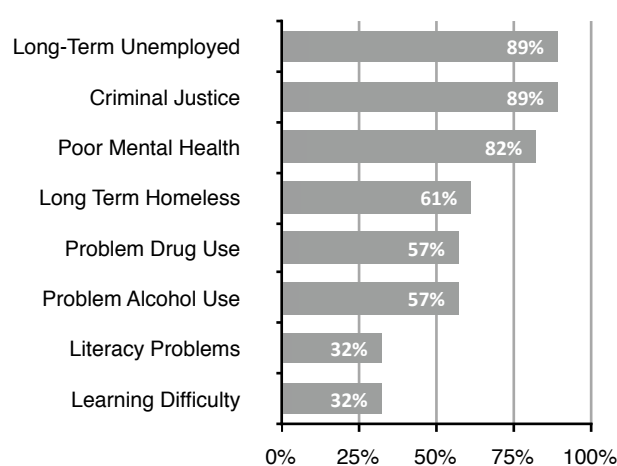


*"When I was 17 I had a nervous breakdown. I was sent to a psychiatric hospital for four months. They put me on various tablets. I was seeing a counsellor and a psychiatrist. Dad came into my room and found me hanging. I dunno why – my mind just went blank. Before that I had hurt myself, I'd slit my wrists a good few times. I think it was something to do with the tablets. I can't say why I had the breakdown at 17. There is nothing there we said it was because of. I would do things and I wouldn't know why. The depression just comes and goes. One week I might be good the next I'd be crying and going mental – drinking and fighting and causing trouble. You'd be just out of it."*

- 'Sinead'

*"I left home when I was 15. I ran away to Manchester with this guy. We lived there with his family but shortly after he ended up in jail. The Social Workers brought me back to Cork where I was put into foster care. My Mam had her own issues and she passed away when I was 15. Most of my family is in addiction and recovery. I've had no contact with my Dad since I was about seven. Even if we saw each other in the street we wouldn't take any notice."*

- 'Siobhan'



Most Common Issues Affecting People with History of Care

## 8.7 56% (n. 28) Had History of Care

There is a growing body of research that indicates that there are underlying causes of homelessness, such as poverty and lack of housing options, and risk factors such as mental ill health, addiction, weak family supports and experience of institutional care, which put certain households at increased risk of becoming homeless<sup>33</sup>.

Over half of the people included in this analysis had previously spent time in a care institution. Of these, three quarters were in residential care, over half were in psychiatric care, and a quarter were in foster care.

61% (n. 17) of people who had previously spent time in residential care were long-term homeless. A third had literacy problems; a third had a learning difficulty. Four out of five had a diagnosed mental health condition, more than half were currently using alcohol problematically, three out of five were currently using drugs problematically. 89% (n. 25) had experience of the criminal justice system. 89% (n. 25) were long-term unemployed.

*"I've been institutionalised all my life. I wouldn't know what it is like to live independently on my own. I dunno what it's like to live out in the real world."*

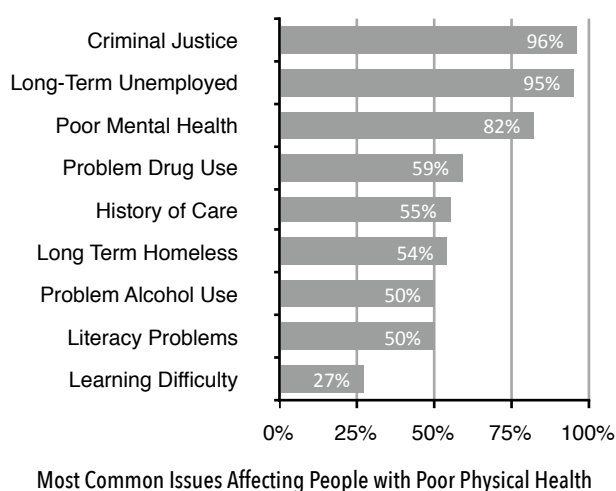
- 'Paula'

<sup>33</sup> The Way Home – A Strategy to Address Adult Homelessness in Ireland 2008 – 2013 – Department of Environment, Community and Local Government (2008).



## 8.8 44% (n. 22) Had Poor Physical Health

People who are homeless have many of the same health problems as people with homes, but at rates three to six times greater than housed people<sup>34</sup>. People who are homeless are more at risk of certain physical health conditions. Due to barriers to accessing the services they need, many experience physical health needs for a prolonged period or have conditions which are left untreated or undiagnosed<sup>35</sup>.



Almost half of people included in this analysis had a physical health condition. The most common physical health complaints were muscle / bone / joint pain, affecting 41% (n. 9), followed by respiratory problems affecting 36% (n. 8). Other common physical health conditions were epilepsy / seizures, heart complaints and poor eyesight. Almost a half were suffering from two or more physical health conditions.

A UK-wide health needs audit of homeless hostels in 2011<sup>36</sup> found that joint / muscular problems were the most common physical health complaints (38%), followed by chest pain / breathing problems (32%).

The UK audit found that Higher rates of poor health can be linked to existing support needs, such as those relating to substance misuse, which can lower an individual's immune system or make treatment more complex; poor living conditions which can cause or exacerbate poor physical health, poor nutrition and diet: almost 1 in 3 people in the audit ate less than one meal a day; and a lack of awareness about their health needs and where to go for help.

Among those in the emergency shelter with a physical health condition, 59% were using drugs problematically, a half were using alcohol problematically, and all but one had spent time previously sleeping rough.

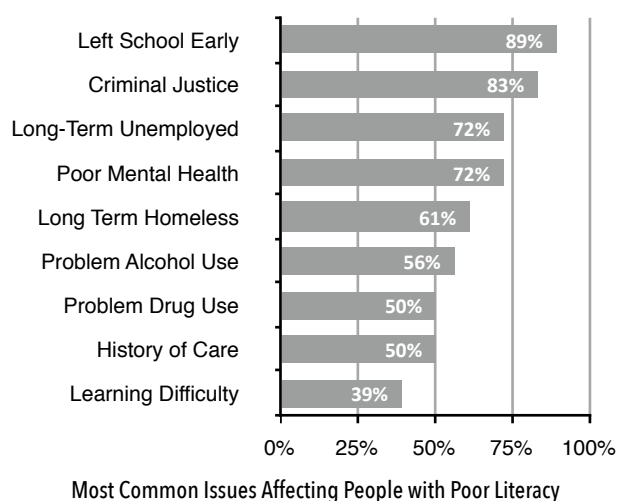
## 8.9 36% (n. 18) Had Poor Literacy

Over one third of people included in this analysis had a literacy problem, half of which had reading and writing problems, 17% had difficulty writing, and 6% had difficulty reading. One fifth had difficulty reading and writing because English is not their first language.

<sup>34</sup> Risk of death among homeless women: a cohort study – Cheung A.M, Hwang S.W. (2004).

<sup>35</sup> Homeless Health Needs Audit – Policy Team Homeless Link UK (2011).

<sup>36</sup> Homeless Health Needs Audit – Policy Team Homeless Link UK (2011).



A survey<sup>37</sup> in 2010 of people using Thames Reach in the UK (homeless service provider) found that over one third of people had difficulty understanding what they read, while a half had problems with writing.

Literacy skills impact on the lives of people who are homeless in many ways, for example: maintaining their tenancies; staying in touch with family and friends; using community

resources; finding and keeping a job or taking up learning opportunities.

Not surprisingly, two thirds of those with literacy problems left school before they reached the age of 16. A further 22% left school on completion of the junior certificate (or equivalent). 39% had a learning difficulty. Three out of five were long-term homeless.

*"I left home when I was 16...my father was a violent alcoholic. I had to get away...So I've been on the street and in hostels ever since. I'd a hard old life. I've been through the wars and back. I've lived in squats. I've slept on the streets hail, rain or snow. I was never taught to read or write. But now I've done all these exams. I'm after achieving so many exams in here over the last two or three years. They (the certificates) are all over my room inside."*

- 'Paula'

<sup>37</sup> Turning the Key: Portraits of Low Literacy amongst People with Experience of Homelessness – Olisa, J, Patterson, J and Wright, F (2010).

## 9. Sinead's story

"I can't say why I had the breakdown at 17. I would do things and I wouldn't know why. The depression just comes and goes. One week I might be good the next I'd be crying and going mental."

Sinead comes from a town in Co. Limerick. She is cheerful and engaging as she tells the story of her pathway to the Cork Simon Community and how she became homeless.

"I never touched alcohol until I was 17. Not a drop. I left home at that stage and went to a home for homeless girls in Cork. I was in and out of there – going back home each time.

I'd had arguments with my dad and that's why I left home. He never put a finger on me. I must make sure you know that. We were just too alike. We argued and were stubborn. Both of us. We still get on – we just argue. We can't be in the same house for long.

I'd left school when I was 16 when I got a job in the local shop. So I had some money of my own.

When I was 17 I had a nervous breakdown. I was sent to a psychiatric hospital for four months. They put me on various tablets. I was seeing a counsellor and a psychiatrist. I was on several tablets.

Dad came into my room and found me hanging. I dunno why – my mind just went blank. Before that I had hurt myself, I'd slit my wrists a good few times. I think it was something to do with the tablets.

I can't say why I had the breakdown at 17. There is nothing there we said it was because of. I would do things and I wouldn't know why. The depression just comes and goes. One week I might be good the next I'd be crying and going mental – drinking and fighting and causing trouble. You'd be just out of it.

The tablets make you feel calmer initially. But then when you are taking them so long it feels like there is no difference. I stopped taking the tablets when I got pregnant – three years ago. I gave them all up two months ago.

I'm very close to my brother. We are tight. For a while he went abroad and that was tough. We both missed each other. He rang me every night. He was crying on the phone so I sent him the money and he came home. He has got his life together now and that is great.

My two younger brothers were taken into care. I'll never forget it. I was to take them to Funderland and then all these people came and took them away and into foster care. I knew nothing about it. I dunno why (they were taken away). My youngest sister is at home.

Alcohol only really became a problem over the last year. My fiancé died last year. He was great guy and I thought everything was working out. He was not a drinker. We were together for four years. We were going for a house together. Me and my fiancé, the father of my child, going for a house together. Things were good.

Then he over-dosed on heroin. He was just messing around on it. I never knew he *ever* took it. It was like being hit by a train.

Then I'd a miscarriage. By that stage I'd taken up with another guy and he died also. That was a rebound type of situation. He also died of an overdose. You probably think I'm some sort of whore but that's how it happened.

Friends say to me that they don't think it has hit me (all the things that have happened over the last year). A few months ago my son was put in my mam's care. I'm happy with that.

I first came to Simon two months ago. The staff have been brilliant. They are there for you – always. They organised for me to go to the counsellor. She has been brilliant.

I've got activities on all this week. They give you something to get up for. Not just watching telly and doing drugs.

I've been doing courses here (Simon). Hairdressing and computers. I did one on cookery. I do table tennis and chess. I even like doing the football. I am very good at the pool. Although we need a new one (pool table at the Shelter).

They (activities) keep you doing things. They keep you busy all day and then I end up tired, which is a good thing. I just watch some TV and go to bed.

There is always going to be drink around. It is up to yourself. It is not where you are living – it is yourself. That is what I've realised. More so since I came to Simon. I'm three weeks dry and I want to stay that way.

All I think about is my child. He is what makes all this change happen. He is a handsome boy and I want to be there for him – to be his mum.

Where will I be in a week's time? Seven days is very short. Here I guess.

In six months? I want us (son) to be together in a suitable apartment in a quieter part of the city. I've thought about it – that is what I want for us. It has to be suitable for the boy. I have the rent allowance and the deposit but it is very hard to get the right place. I'm trying all the time and my Key worker is helping me.

Getting the right place is important. As long as it is out of the city and quiet. Otherwise you'll bump into your friends and one thing will lead to another. You hope that it won't but you know that it will. I'd end up back on the drink.

I've had this feeling that it is time to wisen up, that I am older, that I don't want it (the tablets and alcohol) anymore. It just was not helping me. I'm three weeks dry and I want to stay that way.

"There is no point looking back. It is the future you look to not the past. I have a child now and I need to focus on him. He is my everything".

## 10. How Did I Get Here? - Five Key Triggers into Homelessness

We have sampled the diversity and complexity of the lives of fifty people using Cork Simon's emergency shelter during the five week research period. People become homeless as a result of a myriad of problems relating to health, substance misuse, troubled upbringings, poor education, history of care and institutionalisation, long-term unemployment, incarceration and more.

People eventually become overwhelmed by a series of personal crises and problems, many of which can be outside of their control. These problems build up over years until the final crisis moment that triggers homelessness.

Identifying these triggers to homelessness does not mean that people's journeys into homelessness were similar or resembled a typical pathway, rather it helps to draw attention to the structural, social and cultural factors that may limit the opportunities that people have. While each person's experience is different and unique, through an analysis of the fifty Common Assessments we have tried to identify the most common factors that pushed people into homelessness – how did these fifty people finally end up being homeless? How did they get to be in Cork Simon's emergency shelter?

The five most common triggers identified were:

- 68% (n. 34) Housing Crisis;
- 64% (n. 32) Relationship breakdown;
- 64% (n. 32) Substance Misuse;
- 36% (n. 18) Financial Circumstances; and
- 24% (n. 12) Poor Mental Health.

### 10.1 Housing Crisis

This is, arguably, the most obvious trigger into homelessness. People lose their homes. They have no alternative but to sleep rough, find a squat or stay in an emergency hostel. In 68% (n. 34) of the fifty cases in this analysis a Housing Crisis was identified as the most common final trigger that pushed people into homelessness. The contributing factors to this pathway can take many forms. The most common contributing factor was relationship breakdown – affecting 68% (n. 23) of cases.

*"Before I became homeless I had a girlfriend and a job. It is when I had to leave her house. When we broke up, she threw me out. It is when I had to leave her house. That is when I became homeless."*

– 'Rolf'

We often think of partners or spouses in the context of relationship breakdown, but it also applies to families.

*"I left home when I was 16. I've a beautiful mother and grandmother. But my father was a violent alcoholic. To this day I don't speak to that man. I had to get away and do my own thing. So I've been on the street and in hostels ever since."*

– 'Paula'

The second most common factor leading to a housing crisis was substance misuse – affecting 44% (n. 15).

*"I was dry for about ten months or more. I was in supported accommodation. I was paying rent of €30 per week. After about four weeks something happened. I cannot even remember. I went out for a drink. It got messy and I got thrown out. That is when I really became homeless."*

– 'Niall'

The third most common factor leading to a housing crisis was a financial crisis – affecting 35% (n. 12). Job loss was the most prevalent, which in itself created other problems and tensions.

*"I started to work in a local company. It was the hardest job I ever had and I was working huge hours and lots of shift work. Things were going well and I bought a car. But then the company was taken over and there were cutbacks. It was 'last in first out' - and that was me. The key thing that has me homeless was the loss of my job. That's what I'd say. I had to sell the car to pay the debts like the car loan. I was still living at home with my mam and dad. There was tremendous tension. With the recession it was impossible to get a job."*

– 'Kevin'

The fourth most common factor leading to a housing crisis was poor mental health – affecting 27% (n. 9).

*"I was in the Simon Shelter previously and then I was able to move on and get an apartment for about a year. I was in there on my own. People were calling on me but they were mostly just staff. I got depressed. I'd be up 'til 6 looking at the four walls. There was too much stuff going on in my head. I had to move back to the Shelter. I was very low at this stage. I was very wound up and my nerves were shot."*

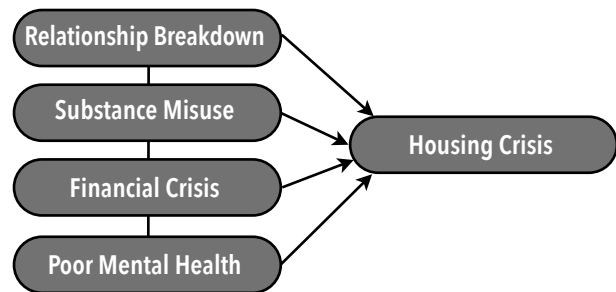
– 'Kevin'

Other less common factors leading to a housing crisis were immigration, domestic violence and bereavement.

*"My fiancé died in November. He was great guy and I thought everything was working out. We were together for 4 years. We were going for a house together. Me and my fiancé, the father of my child, going for a house together. Things were good."*

*"Then he over-dosed on heroin. He was just messing around on it. I never knew he ever took it. It was like being hit by a train."*

– 'Sinead'



Most Common Factors Among People Affected by Housing Crisis

## 10.2 Relationship Breakdown

The second most common trigger for homelessness identified - in 64% (n. 32) of cases, was Relationship Breakdown. While Relationship Breakdown – whether it is with a spouse, partner or family, can lead to a housing crisis. It can also have other affects.

*"At 16 I ended up getting a flat with a girl. We were together for 4 or 5 years. When that broke up I moved around. There was building work in London for the Olympics so I moved there. It worked out well for a while. I ended up getting a girl pregnant. The relationship broke down and I returned to Ireland. A child on the way and not able to support it. How would you feel? I felt disappointed in myself. It brings up lots of emotions in me just thinking about it. I was drinking a lot at that stage."*

– 'Matt'

Substance misuse was the most common factor among people where Relationship

Breakdown was identified as a main trigger for them becoming homeless – affecting 44% (n. 14).

*"I am a recovering addict. This disease carries on through your life. I'm always going to be in addiction. Alcohol, tablets and opiates. It's very easy to slip back in – once an addict always an addict. "*

– 'Siobhan'

The second most common factor was poor mental health – affecting 25% (n. 8).

*"My health has suffered. Too much thinking is not good for me. I get this nervous panic with this pain in my chest. I don't feel well – always tired and sleeping. It feels strange. This massive pain. The hospital put me on Xanax (used for the treatment of anxiety). I don't like them. They are not my thing. I don't do drugs or alcohol. I never have. They only gave them to me because I was in such a nervous panic. The pressure in my heart it felt like it would burst."*

– 'Rolf'

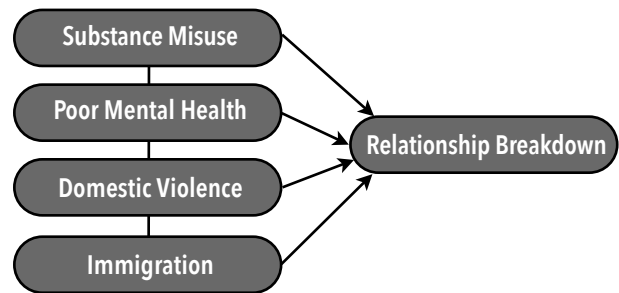
Other common factors among people where Relationship Breakdown was identified as a main trigger of their homelessness were Immigration, Release from Prison and Domestic Violence.

*"After the rape my partner became violent towards me. He started sleeping with other girls and he hit me. He'd be off gallivanting and I'd be at home crying."*

– 'Siobhan'

*"My husband did that to me. I stuck by him for 18 years. He put me through torture. He put me through hell and back."*

– 'Paula'



Most Common Factors Among People Affected by Relationship Breakdown

### 10.3 Substance Misuse

The third most common trigger for homelessness identified – in 64% (n. 32) of cases, was Substance Misuse. In some cases the problematic use of alcohol / drugs started at a very young age.

*"When I was 12 or so I started drinking. You wanted to be the same as everyone else. Up around the school there'd be 50 to 100 people – everyone who couldn't get into a pub. You'd do four cans or so. Then eight or twelve. By 15 I was doing straight vodka. I know I'm an alcoholic. That is my problem. You can go out and have three or four pints and stop. I can't. I can't stop. Then there was some hash around and I did some party drugs too."*

- 'Matt'

In other cases a serious event precipitated the misuse of alcohol / drugs.

*"Something terrible happened when I was young. It led to a huge build-up of tension. When I was nine my baby brother, who was five, was killed by a car outside our house. My mam blamed me because she'd*

gone down the road and I was left in charge. I'm not a big drinker. I like hash and weed to take the edge off me. Everyday I'd smoke. I'm on anti depressants – Zispin. I get those from the doctor. I also take some Xanax (treatment for anxiety) which I get by swaps. They're all just to stop you going crazy – take the edge off."

– 'Kevin'

Relationship Breakdown is the most common factor among people where substance misuse was identified as a main trigger for them becoming homeless – affecting 69% (n. 22).

Poor mental health was the next most common factor – affecting 28% (n. 9).

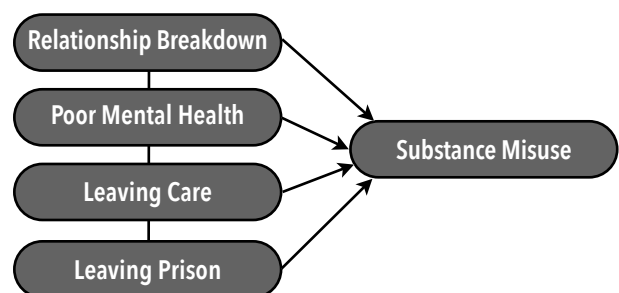
"When I was 17 I had a nervous breakdown. I was sent to a psychiatric hospital for four months. They put me on various tablets. The tablets make you feel calmer initially. But then when you are taking them so long it feels like there is no difference. Alcohol only really became a problem over the last year. My fiancé died in November. He was great guy and I thought everything was working out. He was not a drinker. We were together for 4 years. We were going for a house together. Me and my fiancé, the father of my child, going for a house together. Things were good. Then he over-dosed on heroin. He was just messing around on it. I never knew he ever took it. It was like being hit by a train."

– 'Sinead'

Other common factors among this group included Financial Circumstances, Leaving Prison and Leaving Care.

"I went to a house for homeless girls. I was there a long, long time. I've been a psychiatric patient for 15 years. I had a nervous breakdown in my twenties. I was kept in a psychiatric hospital for two years without getting out. I've been institutionalised all my life. I wouldn't know what it is like to live independently on my own. I dunno what it's like to live out in the real world. I've been off drink for one month now and I feel the benefit. Drink is the downfall of my life. Drink and me don't suit at all. It's 'cos I'm on medication every day. With the influence of the vodka I can go off the handle."

– 'Paula'



Most Common Factors Among People Affected by Substance Misuse

## 10.4 Financial Circumstances

The fourth most common trigger for homelessness identified - in 36% (n. 18) of cases, was Financial Circumstances. The nature of Financial Circumstances varies. In 39% (n. 7) of cases the poor financial circumstances were the direct result of substance misuse. In 33% (n. 6) of cases it was the result of job loss.



*"I started to work in a local company. It was the hardest job I ever had and I was working huge hours and lots of shift work. Things were going well and I bought a car. But then the company was taken over and there were cutbacks. It was 'last in first out' - and that was me. The key thing that has me homeless was the loss of my job. That's what I'd say. I had to sell the car to pay the debts like the car loan."*

– 'Kevin'

In 17% (n. 3) of cases the person's social welfare payment had been stopped. In 11% (n. 2) the person was affected by the HRC<sup>38</sup>.

*"I was drinking a lot at this stage. But I knew I had to get help and I came back to Ireland to get treatment and I got into an alcohol treatment centre in Dublin. Then on to a secondary residential treatment centre. I was six months dry when I got news that it was going to be very difficult to get rent allowance in Cork. I blew a fuse and went out drinking. That's when I really became homeless."*

– 'Matt'

Housing Crisis – affecting 67% (n. 12), Relationship Breakdown – affecting 44% (n. 8) and Substance Misuse – affecting 44% (n. 8) were common factors among people for whom Financial Circumstances were identified as a major trigger for them becoming homeless.

*"I want a life now like I had before – I had a family, I had a home, I had a job. We would easily find heroin. People would just walk up to you on the street and ask you if you wanted heroin. I overdosed twice. I*

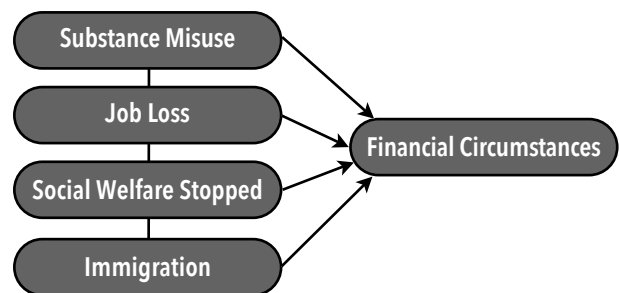
*thought heroin was going to be my life. Some days I did not want to wake up, I didn't want to live. Over the last eight months, I have a different life."*

– 'Piotr'

Immigration was the next most common factor – affecting 28% (n. 5).

*"I came to Ireland because I had fallen for a girl over the internet. We used to talk every night. I fell for her. At the start I stayed with the girl and things were good. I got work and we had some money together. I had made the journey and now here we were - together in Ireland. But then things turned. I lost my job. Then the relationship was turning... She kicked me out. That is when I became homeless. I get no Social Welfare. I work one day a week in a restaurant. If anymore days come I take them."*

– 'Rolf'



Most Common Factors Among People Affected by Financial Circumstances

<sup>38</sup> On 1st May 2004 the Irish Government introduced the Habitual Residence Condition (HRC) as an additional criterion for qualifying for social supports. In order to qualify a person must demonstrate that they are 'habitually resident' in Ireland – that they have been living in Ireland for approximately 2 years or more, and that they intend to settle here and make it their permanent home.

## 10.5 Poor Mental Health

The fifth most common trigger for homelessness identified - in 24% (n. 12) of cases, was Poor Mental Health. Housing Crisis – affecting 75% (n. 9), Substance Misuse – affecting 75% (n. 9), and Relationship Breakdown – affecting 67% (n. 8) were the three most common factors among this group.

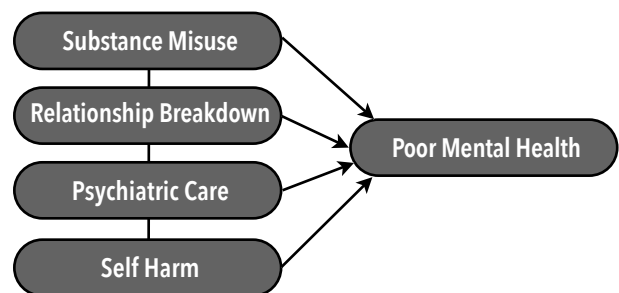
*"When I was 17 I had a nervous breakdown. I was sent to a psychiatric hospital for four months. They put me on various tablets. I was seeing a counsellor and a psychiatrist. I was on several tablets. I never touched alcohol until I was 17. Not a drop. I left home at that stage and went to a home for homeless girls in Cork. I'd had arguments with my dad and that's why I left home. He never put a finger on me. I must make sure you know that. We were just too alike. We argued and were stubborn. Both of us. I was in and out of there – going back home each time."*

– 'Sinead'

Not surprisingly, 75% (n. 9) of this group also spent time in psychiatric care, 44% of whom were admitted for suicide risk / self-harm.

*"I've been doing self-harm. I cut myself. It's not an addiction but I just cannot stop. I've cut myself an awful lot. Once it comes into my head I have to take it out. I have to, have to, have to hurt myself. I do it with a blade. I feel a relief when I'm doing it. I don't feel the pain when I'm doing it. I've done a lot worse to my body. I've thrown myself into rivers. I've a skin graft on my stomach for burning myself. I've done so many things to my body I nearly dunno how I'm sitting here. (When I do it) it's a relief – all the tension is gone in my head. I don't feel no pain afterwards. It might hurt or sting but I think it is all right to punish myself - that is the problem."*

– 'Paula'



Most Common Factors Among People Affected by Poor Mental Health

## 11. Rolf's Story

**"Before I became homeless I had a girlfriend and a job. It is when I had to leave her house. When we broke-up, that's when I became homeless".**

Rolf is a handsome man in his late twenties from the Czech Republic. He seems sensitive and gentle. He tells the story of his pathway to the Cork Simon Community and how he became homeless.

"I came to Ireland because I had fallen for a girl over the internet. We used to talk every night. I fell for her.

I thought why not go to meet her? See if this really is the love of my life. I had work at home but it was not great. There were no real prospects. I wondered 'How did my parents meet? Maybe this was for me? This might be my life?'

At the start I stayed with the girl and things were good. I got work and we had some money together. I had made the journey and now here we were - together in Ireland.

But then things turned. I lost my job. I had been working in construction but that stopped. Then the relationship was turning – though that had been happening for a while. Her friends were against me. She was listening to them. She kicked me out. That is when I became homeless.

I get no Social Welfare. I work one day a week in a hotel. If any more days come I take them. But it's heading into the end of summer now and I'm not sure there will be work there for long.

Then I heard just a couple of weeks ago that the girl is pregnant. How would you feel? I want to be there for the child. It is my duty. The way things are is just terrible. I came with dreams and now here I am.

My health has suffered. Too much thinking is not good for me. I get this nervous panic with this pain in my chest. I don't feel well – always tired and sleeping. It feels strange. This massive pain.

Three weeks ago I came to Simon. I was able to talk to the staff and that was good. They brought me to the hospital. In my sleep I cannot move. It is like being paralysed. It feels like a dream but you cannot move. I feel she broke my health.

The hospital put me on Xanax (used for the treatment of anxiety). It does not help. It is better for me to talk. I can talk to the Simon people and that has been good for me. I've been able to cut out the tablets already. I don't like them. They are not my thing. I don't do drugs or alcohol. I never have. They only gave them to me because I was in such a nervous panic. The pressure in my heart it felt like it would burst.

The Tesco mobile is very good. It is cheap to call the Czech Republic. I talk to my mother and my friends. That is better than the tablets. My mother is a great woman. She keeps telling me 'I believe in you' and 'You will be OK'. After the conversations I am happy. I feel like things are possible again. I call her every day.

What led me here to be homeless? Before I became homeless I had a girlfriend and a job. It is when I had to leave her house. When we broke up she threw me out. I tried to get back with her but her friends were against me. They'd tell her things and she would believe them. After a while it becomes impossible. Why would she believe them? Look at me – I'm the one in this position.

Sleeping rough is very scary. You don't know what is going to happen. But what can you do? Just find somewhere. At

least for me it was in the summer.

It is difficult to sleep here (in the Shelter). There are people walking around and knocking on doors. I can be awake for hours. But at least I have this place. Don't get me wrong I am thankful.

The most important thing now is to get a job. Then I can share a room. But the job is the most important thing. Then I can get back to a normal life.

What makes it difficult to get out of here (the Shelter) is my lack of training. The best training would be to get a driving licence and a Safe Pass for manual handling. The licence is important because there are jobs outside Cork city but I need to be able to get there so I need a car. The Safe Pass would also open doors for me. I don't want to be in this situation.

I think I will still be here in seven days but in six months I will definitely be out of here and sharing a room. I'll be over her. But I'll still have a child to look after. That is my duty and that is my life."

## 12. How Did I Get Here? - How Do I Get Out Of Here?

*"My own daughter lives with my mother. She's a beautiful child. Every Wednesday we meet and do girly things. She will be 18 soon and we are going to live together then. Next year. I'd love to see her come back to me and the two of us live together in one place. There is always a 'but' in that – for what reasons I don't know. That is my aim. I would love to have a corporation house just me and my daughter together. I think I deserve it. I really think I deserve my own keys to my own home."*

– 'Paula'

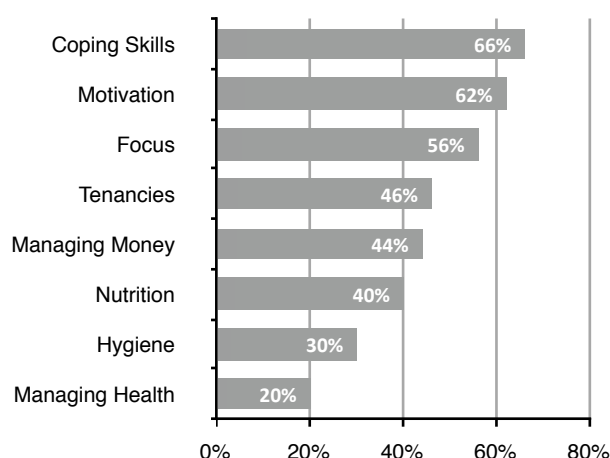
Each person's Common Assessment includes an assessment of independent-living skills – it seeks to determine the supports people may need in order to successfully maintain their tenancies for when they eventually secure housing appropriate to their needs.

The Independent Living Skills Assessment covers 19 areas, which, for the purposes of this analysis, are divided into eight broad categories as follows:

- **Managing Money -**
  - Living within a Budget;
  - Paying Rent and Bills;
- **Hygiene -**
  - Caring for Personal Hygiene;
  - Keeping Accommodation Clean;
  - Laundry;
- **Nutrition -**
  - Cooking / Nutrition;
  - Shopping;
- **Dealing with Tenancies -**
  - Understanding Tenants Rights and Obligations;
  - Dealing with Landlord or Housing Authorities;
  - Dealing with Basic Maintenance –

e.g. Changing Light Bulbs, Fuses, etc.;

- **Managing Health -**
  - Managing Medication;
  - Caring For Your Health;
- **Focus -**
  - Attending a Course or Job 9-5 Monday-Friday;
  - Making and Remembering Appointments;
- **Personal Motivation -**
  - Finding Out About and Using Local Services;
  - Filling Your Day;
  - Commitments – Seeing Things Through to the End;
- **Coping Skills -**
  - Dealing with Loneliness/ Isolation;
  - Dealing with Difficult / Stress Situations.



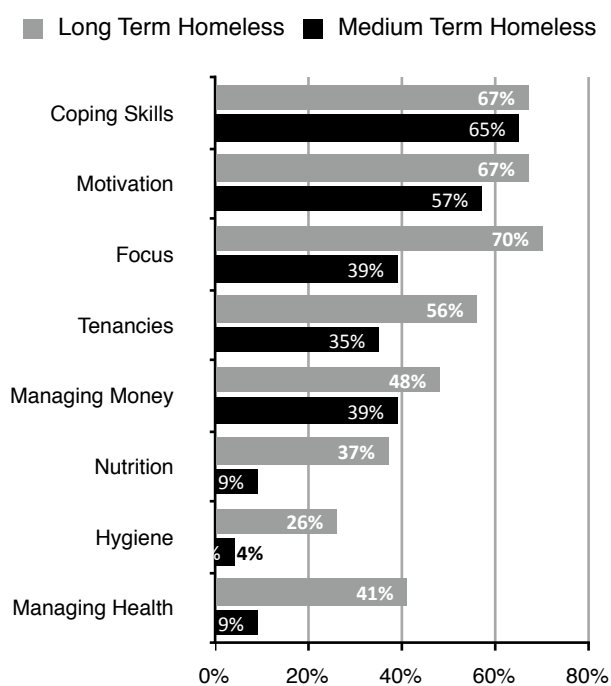
The Percentage of People Requiring Support for Each Category of Independent Living Skills

Coping Skills - dealing with loneliness and isolation, and dealing with difficult or stressful situations, was the most common category of independent living skills that people required support with – accounting for 66% (n. 33) of people. Personal Motivation for 62% (n. 31) of people was the next most common category. 56% (n. 28) require support with Focus; 46% (n. 23) require support with Dealing with

Tenancies; while 44% (n. 22) require support with Managing Money.<sup>39</sup>

*"I was able to move on a get an apartment for about a year. I was in there on my own. People were calling on me but they were mostly just staff. I got depressed. I'd be up 'til 6 looking at the four walls. There was too much stuff going on in my head."*

– 'Kevin'



The Percentage of People Medium-Term v Long-Term Homeless Requiring Support for Each Category of Independent Living Skills

People who were long-term homeless were much more likely to require support across all categories of independent living skills compared to people who were homeless for a shorter period of time. Whilst people long-term and medium-term homeless required support with Coping Skills in almost equal measure, a much higher percentage of people long-term homeless required much higher levels of support with all other categories of independent living skills - most notably, Managing Health, Hygiene, Nutrition, Dealing with Tenancies and with Focus.

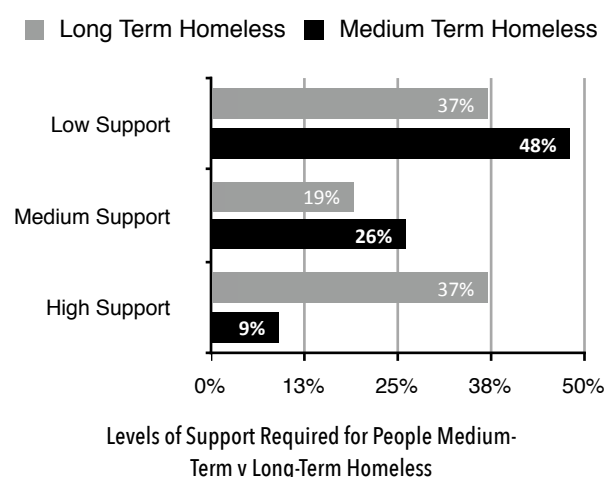
## 12.1 How Do I Get Out Of Here? - Levels of Support Required

The various support needs that each person requires for maintaining long-term housing are identified in the Independent-Living Skills section of the Common Assessment. These are basic skills, as already outlined, that many of us take for granted, but are necessary for any of us to be able to maintain our tenancies.

The need for support with ten or more living skills is described as high-support; the need for support with five to nine living skills is described as medium-support, while the need for support with up to four living skills is described as low-support. Support could be in the form of on-site support in high-support housing (24 hour staffing), varying degrees of visiting support (based on each person's needs) provided to people in housing association flats, local authority housing or private rented, or support provided in other types of housing that is appropriate to people's needs.

46% (n. 23) of people included in this analysis require medium to high levels of support:

- 24% (n. 12) require high-support;
- 22% (n. 11) require medium-support;
- 36% (n. 18) require low-support;

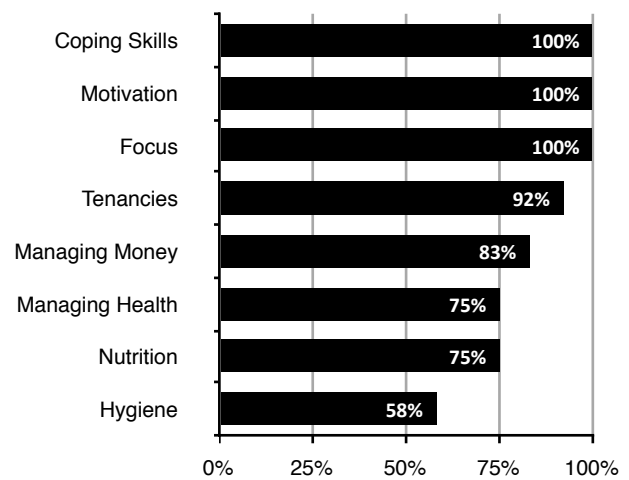


Levels of Support Required for People Medium-Term v Long-Term Homeless

<sup>39</sup> In 12% (n. 6) of cases there was no data on independent Living Skills.

People long-term homeless were much more likely to require high-support upon moving from the emergency shelter to housing compared to people who were homeless for shorter periods. People medium-term homeless were much more likely to require low or medium support upon securing housing.

Interestingly, a significant percentage of people long-term homeless - 37% (*n.* 10), require low-support upon securing housing. 60% (*n.* 6) of this group were non-Irish nationals. Among this small group within the cohort of people long-term homeless, there were very low or non-existent rates of problem alcohol use, problem drug use, poor mental health or learning difficulties. There were higher rates of completing second / third level education. However, all but one had literacy problems because English is not their first language, and all but one had no income. Collectively they spent 2,911 days in Cork Simon's emergency shelter over the previous four years - equivalent to almost eight years. Each of the six people spent an average of 485 days in the emergency shelter over the previous four years.



Extent of Support Needs for People Requiring High-Support

All require support with Focus, with Personal Motivation, and with Coping Skills – dealing with loneliness / isolation and dealing with difficult / stressful situations – particularly challenging in retraining, going back to education, securing employment or actively participating in the wider community. All were long-term unemployed; a third had literacy problems, over a quarter had a learning difficulty, and a half had left school before reaching the age of 16. Three quarters were using alcohol problematically and 50% were using drugs problematically.

All but one requires support with Dealing with Tenancies – dealing with landlords, understanding tenant's rights and obligations and basic maintenance; the basics required to securing and maintain a tenancy. Many may not have had any experience of tenancy – three quarters had previously spent time in a care institution.

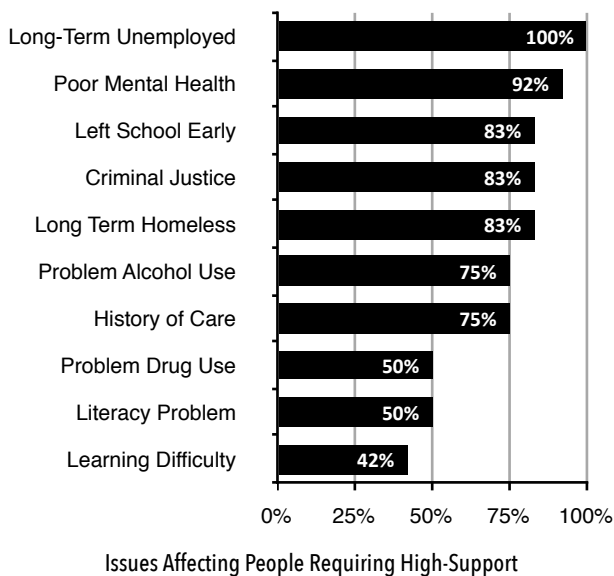
Four out of five require support with Managing Money. 50% of people's sole income was a Disability Allowance; one third were in receipt of Unemployment Assistance / Supplementary Welfare Allowance; one person had no income.

## 12.2 24% (*n.* 12) Require High-Support

One in four requires support with ten or more independent living skills, 83% (*n.* 10) of whom are long-term homeless.

Three quarters require support with Nutrition, including cooking and shopping – basic living skills for successful independent living.

Three quarters also require support Managing Health. All but one had a diagnosed mental health condition, and three quarters had a physical health condition.



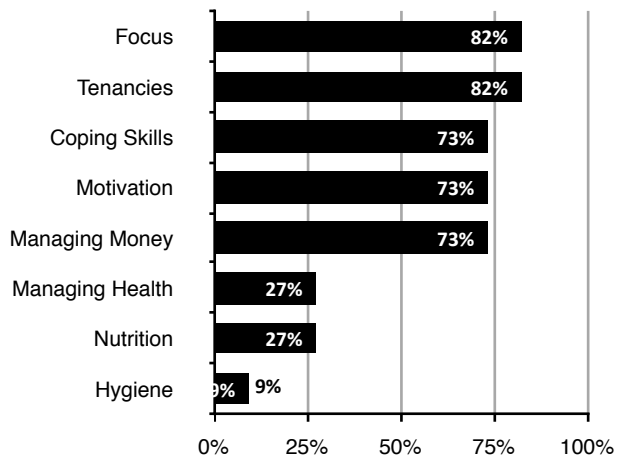
This group have spent the longest time in the emergency shelter – a total of 4,945 days over the previous four years; an average of 412 days per person.

*"I've been coming here (Cork Simon Community) since my twenties. I've no choice only to be here if I didn't have this place where would I go? I'd be out on the street. I reared myself up on the street. It was tough going but you have to have small bit of toughness in there as well. I wasted 43 years of my life. I don't want to waste anymore of my life. I want to do something with it. Positive things."*

– 'Paula'

## 12.3 22% (n. 11) Require Medium-Support

Just over one fifth require support with between five and nine independent living skills, 46% (n. 5) are long-term homeless.



Extent of Support Needs for People Requiring Medium-Support

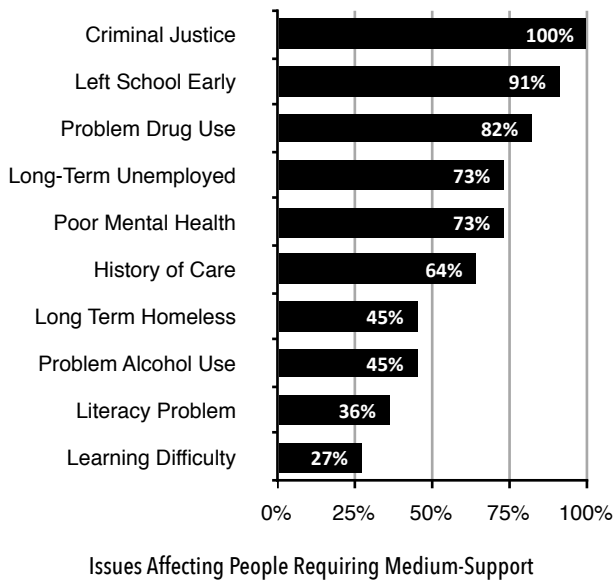
Four out of five of this group require support with Focus – all used drugs problematically, while just over half used alcohol problematically. A third had literacy problems and just over a quarter had a learning difficulty.

Four out of five also required support with Dealing with Tenancy– dealing with landlords, understanding tenants rights and obligations and basic maintenance; the basics required to securing and maintain a tenancy. Some may not have had any experience of tenancy – almost two thirds had previously spent time in a care institution.

Less than three quarters require support with Coping Skills – dealing with loneliness / isolation and dealing with difficult / stressful situations.

Less than three quarters require support with Managing Money - three quarters were in receipt of Unemployment Assistance / Unemployment Benefit / Social Welfare Supplementary Allowance, the remainder were in receipt of Disability Allowance.





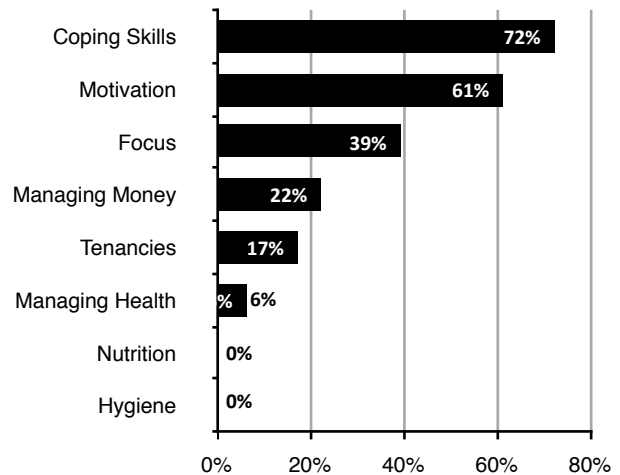
This group requiring medium levels of support have spent a total of 3,256 days in the emergency shelter over the previous four years – an average of 296 days per person.

*"Where will I be in six months? I cannot make a decision for then. I can only make a decision for today. I want to be with my kids and out of here (the Shelter) and out of this city. This is what I'm in recovery for. I need accommodation outside the city. This will get me away from the people, places and things. Cork Simon is helping with this. I am a recovering addict. One part of me is full of recovery and one part is still in addiction. I know I let myself down yesterday. But I've got a taste of recovery and I like recovery."*

– 'Siobhan'

## 12.4 36% (n. 18) Require Low-Support

Over one third require support with up to four independent living skills, half of whom were long-term homeless.



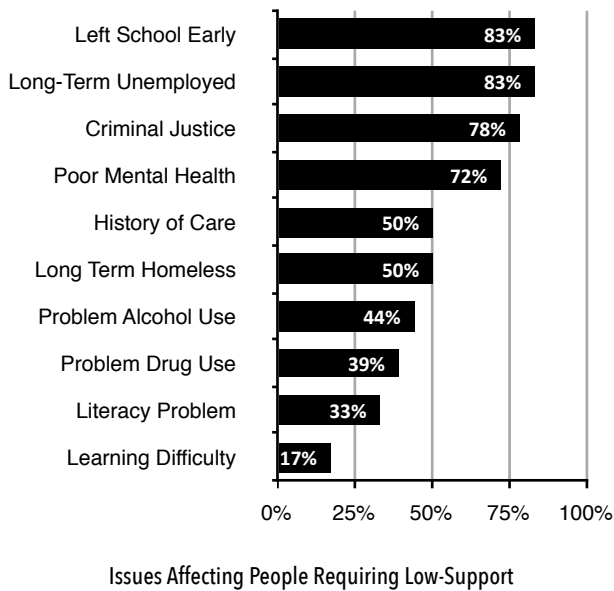
Extent of Support Needs for People Requiring Low-Support

Three out of five require support with Personal Motivation – almost 85% were long-term unemployed; almost half had left school on completion of the Junior Certificate (or equivalent).

Almost three quarters required support with Coping Skills – 50% had spent time previously in a care institution.

More than one third required support with Focus – more than a third of whom were using drugs problematically; almost half were using alcohol problematically.

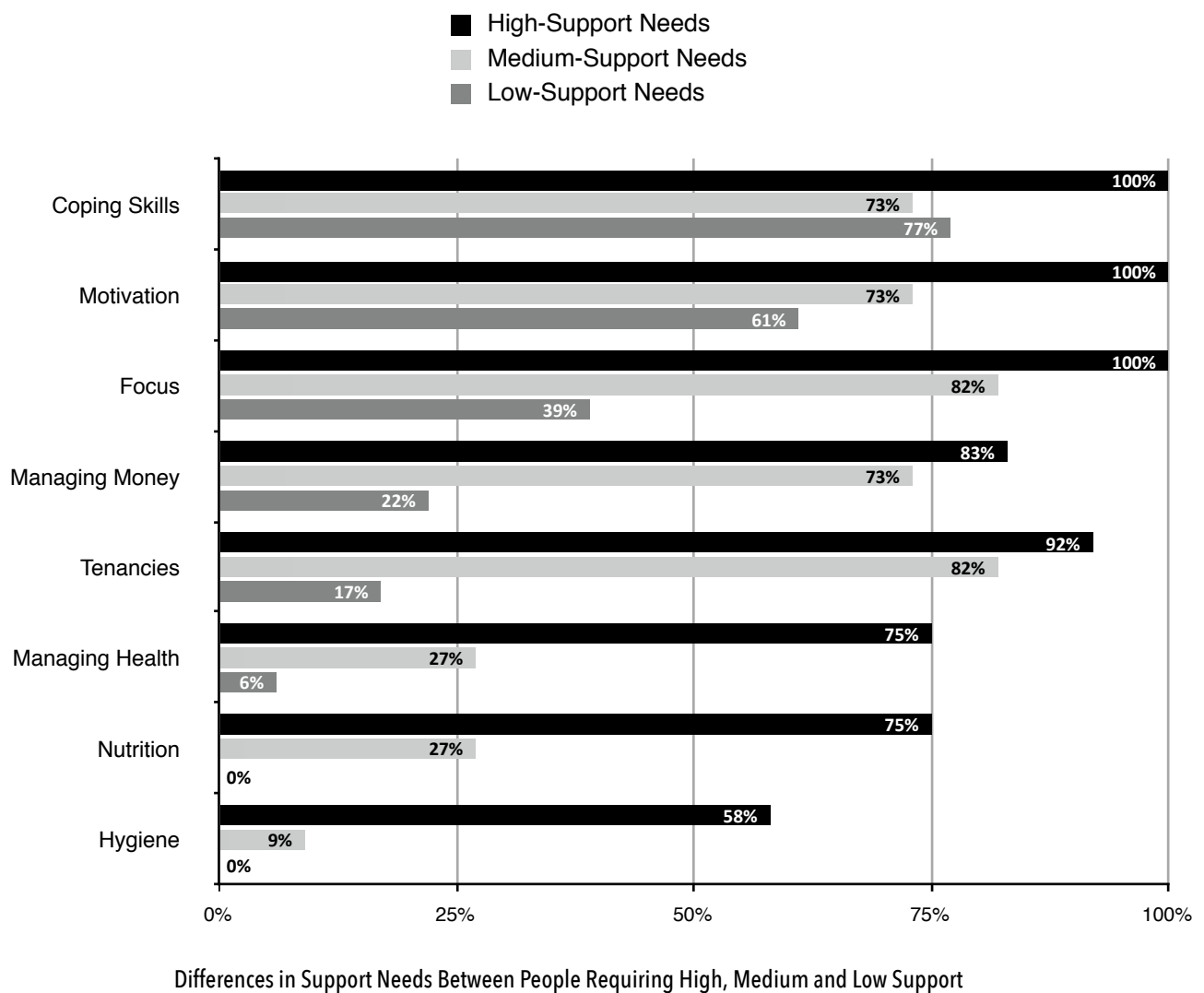
Less than a quarter required support with Managing Money.



This group requiring low levels of support have spent a total of 5,429 days in the emergency shelter over the previous four years – an average of 302 days per person.

*"The most important thing now is to get a job. Then I can share a room. But the job is the most important thing. Then I can get back to a normal life. I don't want to be in this situation. I think in six months I will definitely be out of here and sharing a room. I'll be over her. But I'll still have a child to look after. That is my duty and that is my life."*

– 'Rolf'



### 13. Siobhan's Story

"I remember the first time I took drugs. I was sent to collect a prescription for my uncle. They were a bunch of anti-depressants. I sneaked a couple and took them with a mate."

Siobhan comes from Dublin. She had been dry for three weeks but she had a drink last night. She tells the story of her pathway to the Cork Simon Community and how she became homeless.

"I left home when I was 15. I ran away to Manchester with this guy. We lived there with his family but shortly after he ended up in jail. The Social Workers brought me back to Cork where I was put into foster care. My family said I should come home – why was I 'living with strangers?'"

My Mam had her own issues and she passed away when I was 15. Most of my family is in addiction and recovery. I've had no contact with my Dad since I was about seven. Even if we saw each other in the street we wouldn't take any notice.

I never took a drink 'til I was 15. My Nan was very strict – you had to be in by 8 o'clock and we were all afraid of her. So when I went off drinking I'd go early in the day and still be home early.

I remember the first time I took drugs. I was sent to collect a prescription for my uncle. They were a bunch of anti-depressants. I sneaked a couple and took them with a mate.

I never really had hash – I don't like it. We did vodka. The alcohol built up your confidence. My friends were all older and without alcohol I felt small. I was people-pleasing basically. We used to meet in a park. There was a whole scene there.

When I was 16 I got with the father of my kids. We moved to his family's place. But his family and mine were on bad terms and mine never accepted him. At 18 I had my first kid.

At that time everything was fine. I had my partner, my little girl and our house. I was expecting our second child. Life was good.

Then we were at a wedding. My drink was spiked and I was raped. Why did this happen to me? I even felt it was my fault. I blamed myself. I tried to kill myself. I was half dead but they saved me.

Even though I was pregnant I was taking sleeping tablets. I went for an abortion but at the last moment I stopped. Whatever had happened it was not the child's fault.

After the rape my partner became violent towards me. He started sleeping with other girls and he hit me. He'd be off gallivanting and I'd be at home crying.

I moved into a residential house for girls with my two kids. I was cutting myself (self-harm) so I was brought to the hospital and I ended up hanging myself there. The Social Worker said I needed a break from the kids so they are now with a foster family.

I am a recovering addict. This disease carries on through your life. I'm always going to be in addiction. Alcohol, tablets and opiates. It's very easy to slip back in – once an addict always an addict.

'People, places and things' - that is what they say about addiction. These hold you back. 'People' will say 'do you have

this?' or, 'take that'. They drag you back into drugs. 'Places' where you're bound to meet people. It's the same idea. 'Things', like alcohol and heroin, because you're addicted it is very easy to get pulled back in. I can see today this is what happened to me last night.

I first came to Simon last year when I was in and out of various treatment centres. Other members of my family have been in Simon over the years so I always knew about it.

It is good to make plans. My key worker at Simon is brilliant. He is a recovering addict himself. He is off it (his addiction) for fourteen years. He has been there and done that. He has gained his life back. He says "I want to be where I am today". That is what I need to do. That is what I want to do and I know I can do it.

The addict is always thinking ahead or behind. They are never in the present. They are not sitting with it (the addiction) and speaking about it. I find that very helpful.

Where will I be in six months? I cannot make a decision for then. I can only make a decision for today. I want to be with my kids and out of here (the Shelter) and out of this city. This is what I'm in recovery for. I need accommodation outside the city. This will get me away from the people, places and things. Cork Simon is helping with this.

I am a recovering addict. One part of me is full of recovery and one part is still in addiction. I know I let myself down yesterday. But I've got a taste of recovery and I like recovery".

## 14. A Word About Short-Term Homelessness

This report defines short-term homelessness as stays of less than one week in Cork Simon's emergency shelter over the previous four years. It does not take account of stays in other emergency hostels – we do not have access to that information. People who are short-term homeless may have experienced one or more episodes of requiring emergency accommodation for very short period of time.

*"I've been here, there and everywhere moving around. Floating in and out of Nan's, the shelter and sleeping rough."*

- 'Niall'

Collectively the 20 people short-term homeless at Cork Simon's emergency shelter during the research period spent 57 days in the shelter over the previous four years.

The majority of people short-term homeless – 45% (n. 9), were staying in the shelter because of relationship breakdown. 20% (n. 4) were staying because of difficulties with their social welfare claim. 10% (n. 2) were staying because of alcohol / drug use (asked to leave their housing as a result of alcohol / drug use). The remaining 25% (n. 5) had been released from prison, had moved to Cork, had been evicted and had no other accommodation option.

Relationship breakdown ranged from breakdown with family to domestic violence.

In 40% (n. 8) of cases among people short-term homeless the last known accommodation was in a hostel. 15% (n. 3) had been sleeping rough. 15% (n. 3) were in the parental home. 10% (n. 2) were living with another family. In 20% (n. 4) of cases people had been in prison, local authority housing, in private rented housing or staying with friends.

In 25% (n. 5) of cases people were asked to leave their last accommodation for a variety of reasons, including alcohol / drug use; 15% (n. 3) left because of relationship breakdown; 10% (n. 2) could not access other emergency accommodation because it was full or they missed the curfew; 5% (n. 1) left because of domestic violence; 5% (n. 1) were evicted from local authority housing; 10% (n. 2) left to move to Cork. 15% (n. 3) had been released from prison, were awaiting a deportation order or were in 'unsuitable accommodation'.

When asked on their arrival to the emergency shelter where they expected to be in seven days time, 45% (n. 9) expected to have left the emergency shelter, however 40% (n. 8) expected to be still in emergency accommodation or staying with friends.

30% (n. 6) expected to return home, and 15% (n. 3) expected to be in private rented housing. However, 30% (n. 6) expected to be in emergency accommodation, 10% (n. 2) expected to be staying with friends, while 10% (n. 2) did not know. 5% (n. 1) did not answer.

## 15. Kevin's Story

"I started work in a local company. Things were going well but then the company was taken over and there were cut backs. It was 'last in first out' – and that was me."

Kevin is from Waterford. He talks about his love for football, how he first became homeless and his pathway to the Cork Simon Community

"My first contact with Simon was 4 years ago. I'd spent five nights sleeping rough and then a man said to me there a place called Simon for me. I hadn't heard of it.

Sleeping rough is like the worst feeling ever. You're on a concrete pavement with a blanket over you. How would you feel?

Something terrible happened when I was young. It led to a huge build-up of tension. When I was nine my baby brother who was five was killed by a car outside our house. My mam blamed me because she'd gone down the road and I was left in charge. I dunno maybe I'd gone back in the house to get a ball or something and it all happened.

I never liked school. I didn't go half the time. I'd go to school but never get there. I'd go and pal around with older people in the estate near the school. I just kept writing my own excuse letters and it pretty much worked all the time.

The one thing I liked at school was soccer. I never missed soccer. It's like nothing else matters. I'd give anything to play football. If I was dying sick – I'd play. I once had a fractured shinbone and my leg had been in a brace - and I was on crutches – and two days later I was playing. That's how passionate I am about it.

I did not take authority well. By the time I was 16 I was told that I had to leave the school – or I would be expelled.

By now I was going out a lot. I got work in bars and restaurants. Then I started to work in a local company. It was the hardest job I ever had and I was working huge hours and lots of shift work. Things were going well and I bought a car. But then the company was taken over and there were cutbacks. It was 'last in first out' - and that was me.

The key thing that has me homeless was the loss of my job. That's what I'd say.

I had to sell the car to pay the debts like the car loan. I was still living at home with my mam and dad. There was tremendous tension. With the recession it was impossible to get a job. Things went missing at home and I was blamed for them. Then a large sum of money. I was blamed and things were said that were very hard to take back.

I'm the oldest of four. I'm in contact with my youngest who sent me a card for my birthday - the only one. There was a €5 note in it. I still have it. It meant so much to me. I cried.

I'm not a big drinker. I like hash and weed to take the edge off me. Everyday I'd smoke. I'm on anti depressants – Zispin. I get those from the doctor. I also take some Xanax (treatment for anxiety) which I get by swaps. They're all just to stop you going crazy – take the edge off.

I'd have a spliff at 9 in the morning. I'd go outside to get a walk – some fresh air and a spliff. Mostly I'd be on my own. Sometimes you'd catch someone's eye and they'd come out with you. But mostly I'm there on my own. It's like some people need caffeine in the morning to feel normal. I like a spliff.

Simon have really helped me. They helped me manage my money and put a plan in place. I owe a lot of money. It will

take a long time to pay off the debts but at least there is a plan now.

I have small jobs in the kitchen at Simon. It gets me €25 a week. It helps with the debts.

Simon also got me a counsellor and a psychiatrist and they were very useful and they helped me a lot.

I was in the Simon Shelter previously and then I was able to move on and get an apartment for about a year. I was in there on my own. People were calling on me but they were mostly just staff. I got depressed. I'd be up 'til 6 looking at the four walls. There was too much stuff going on in my head.

I had to move back to the Shelter and Simon got me to a psychiatrist. After six months I got out to another apartment. That was going OK for about 18 months when I had a huge clash with the landlord. I just lost it with him. I stopped paying my bills and I damaged the flat. By the time I left I owed €3,000. That's where my debts come from.

So I ended back in Simon. I was very low at this stage. I was very wound up and my nerves were shot. Simon have got me a psychiatrist and I am on the medication and I feel better.

Where will I be in six months? Out of here. Living in the countryside. I want to get out of the city. It's not good for me in the city. Definitely out of here (Shelter).

What time is it? I've got to go and play football....I never miss football".



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